		FOR
ı	-	STATE
		REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. N	10.2	#	J	9	U	
ATE OF DEATH	MONTH	DAY	YEAR	- 26	HOUR	9
Au	15. 0	28 1	984	1	2:20	1

IF UNDER I YEAR

	REGISTRAR
1	1. DECEASED NAME FIRST (TYPE OF PRINT)
A	1. SEX FEMALE
30 611	To BIRTHPLACE ISTATE OF FOREIGN

ECEASED NAME PE OR PRINTI LILLIAN

ABRAMONITZ

FEMALE

4. RACE CANCASIAN 76 CITIZEN OF WHAT COUNTRY? 5. DATE OF BIRTH 1914 NOV.

MARRIED NEVER MARRIED

GERLATIME HOSPITA

& AGE (IN YEARS LAST BIRTHDAY) 9. BALTIMORE CITY OR COUNTY OF DEATH

KORITZKY

WYA MASS. I CITY OR TOWN OF DEATH

DIVORCED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTIONS
(IF NOT IN SUCH FACILITY, GIVE STREET, ADDRESS).

HOUSEWIFE WORKING LIFE

BANTIMORE HOME

BANTIMORE USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION 136. COUNTY MARYLAN

BATTIMORE

13d. INSIDE CITY LIMITS? YES NO 15. MOTHER'S MAIDEN NAME

13e,STREET ADDRESS / ZIP CODE 6626 VINCENT LANG. ATT. 103

14 FATHER'S NAME

AARON

KORITZKY

FIRSTETTA

ADDRESS APT. 103

160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR ON OWN)

CERTIFICATION

MEDICAL

(# YES, GIVE WAR OR DATES)

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

IMMEDIATE CAUSE to

166 SOCIAL SECURITY NO 390-38-5371

17 INFORMANT

RECURRENT PNEUMONIA

ABRAHAM ABRAMOVITZ 6626 Vincent lane (21215

Canditions, if any, which gave rise to immediate couse (o), stating the underlying cause last.

PART I. DEATH WAS CAUSED BY

OR AS A CONSEQUENCE OF STEELE-KICHARIJSON - OLSTEWSKI SYNDROMF

DUE TO, OR AS A CONSEQUENCE OF

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

THE DAIL OF OTERATION
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH
21d INJURY OCCURRED

71h TIME OF INJURY HOUR A.M. MONTH DAY YEAR

216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN IT

20a AUTOPSY?

21e. PLACE OF INJURY AT HOME STREET, FACTORY, OFFICE, FARM, ETC) AT WORK NOT WHILE

19h CONDITION FOR WHICH OPERATION WAS PERFORMED

211 LOCATION

w 18	PARI	IORI	ART 2)			*
					-	-	

NO F

206. IF YES, WERE FINDINGS USED

IN CERTIFYING CAUSES OF DEATH?

22a I certify that #2 (this hospital) attended the deceased from saw the deceased alive on. above, (we) (did) (did) view the body after death

, and that in (🗃 (our) apinion death occurred on the date and hour and from the couses stated

22b. SIGNATURE

22d PHYSICIAN'S NAME (TYPE OF PRINT

DEGREE PHYSICIAN |

MEDICAL STAFF DIRECTOR PHYSICIAN

LEVINPINE HEBREN CERIATRIC CENTER + HORA

22c DATE SIGNED

BSTRELITA

230 BURIAL, CREMATION, REMOVAL 235. DATE

236 NAME OF CEMETERY OR CREMATORY SHARON MEM. PARK

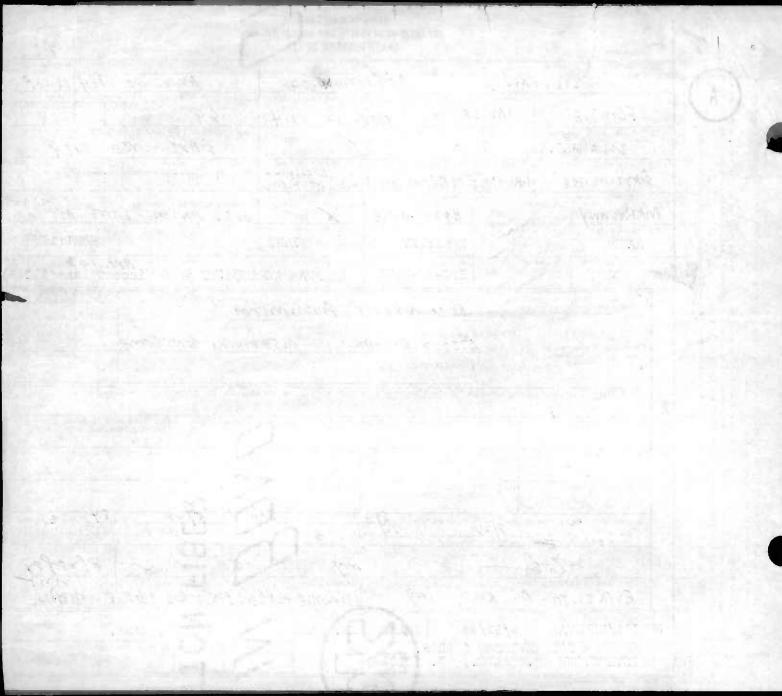
SHARON, MASS.

8/31/84 BURTAL/REMOVAL 24 FUNERAL DIRECTOR SOL, LEVINSON & BROS.

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE is a ser product

DHMH-16.50M 4/83 6010 REISTERSTOWN RD. BALTO., MD. 21215)

buld be deta th the State PORTANT: If



TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funeral direct should be detached for use as the burial-tronsit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 mours with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

MAPORTANT: If Hem 21 is morked or Item 18 shows ony injury, or other troumotic event, the medical examples of the medical exam

ner must be notified of one

STATE OF MARYLAND								
DEPARTMENT OF HEALTH AND MENTAL	HYGIENES							
CERTIFICATE OF DEATH								

4

2

8

	1.	FOR STATE REGISTRAR			OF HEALTH AND MENTAL RTIFICATE OF DEATH	L HYGIENES REG. N	6	
	1. DEC	CEASED NAME FIRST	MIL	DDLE	LAST	20. DATE OF DEATH		HOUR
1		OSCAR	3	ABRAMO	VITZ		08-31-84 5	5:25 A
/	3. SEX		4. RACE	5. C	ATE OF BIRTH	6 AGE (IN YEARS LAST BE		UNDER 24 HRS
		MALE	WHITE	E .	08-31-16	68	YRS.	OURS MIN.
	7a. BII	OUNTRY)	76. CITIZEN OF W	HAT COUNTRY?	ARRIED NEVER MARRIED	9. BALTIMORE CITY	OR COUNTY OF DEATH	
35		ARYLAND	USA		DOWED DIVORCED	- DATIMAN	LE CITY	MD.
		TY OR TOWN OF DEATH	11. NAME OF HO	OSPITAL, NURSING HO	OME OR OTHER INSTITUTION			
42		BALTO	SINAI	FACILITY, GIVE STREET ADDRE	2	SEEF CIME!		RAPHY
-	USUA 13a, S	L RESIDENCE (IF NURSING HOME OF TATE 136, COU		IVE RESIDENCE BEFORE ADMI	13d. INSIDE CITY LIMI	TS? 13e. STREET ADDRESS	APT. A	
35			XXXXXXXX	BALT	YES NO	1 4004 FOR	DLEIGH RD 2	1215
	14. FA	THER'S NAME	WIDDIE	LAST	15. MOTHER'S MAIDE	N NAME MIDDLE	LAST	
00		NATHAN		BRAMOVITZ	FANN		GROSSMA	N
	16a V	AS DECEASED EVER IN U.S. AR		66 SOCIAL SECURITY		MISS ALICEADA		Γ. Α
1		ES. NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES!	212-05-354	1-	4004 FORDLEIGH		. A
1	144				AAAAAA	TOOT TORDELIGI	APPROXIMATE BETWEEN ONS	FINITEDVAL
		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly one couse per li	ne for 10), 1b), and 1c).				
		IMMEDIA	201	1/NUTES				
			DUE TO, OR	AS A CONSEQUENCE	OF			
		Conditions, if any, which	((b) _ S	CNGESTIVE	HEART FAIL	LURE	461	HRS
		gove rise to immediate couse (a), stating the	SULT TO OR	AS A CONSEQUENCE	05			
		underlying couse lost.						
	100	PART 2. OTHER SIGNIFICANT	CONDITIONS CON	STRIBUTING TO DEAT	H BUT NOT RELATED TO THE	TERMINAL DISEASE OR CON	IDITION GIVEN IN PART 10	
	CERTIFICATION	TANTE OTTEN STOTE TEACH	<u>conomiono <u>con</u></u>	VIKIBOTINO TO DEAT	_ sor not keep to me	TERMINAL DISEASE ON CO.	SHOW SHEET HAT AND THE	
	ATI	190 DATE OF OPERATION	196. CONDIT	ION FOR WHICH OPE	RATION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDINGS	
2	IFIC					YES NO	IN CERTIFYING CAUSES OF	DEATH?
	ERT	21g. ACCIDENT WAS UNDERLYING	216, TIME OF	INJURY	21c HOW INJURY OF	CCURRED (ENTER NATURE OF INJU		
9		OR CONTRIBUTING CAUSE OF DE				A STATE OF THE		
1	ICAL	(IF EITHER NOTIFY MEDICAL EXAMINE			19			
	MEDI	21d. INJURY OCCURRED	21e. PLACE O	F INJURY ET, FACTORY OFFICE, FARM, E	TC) 211 LOCATION	CITY OR TO	OWN COUNTY	STATE
	<	AT WORK AT WORK						
		22a.1 certify that (this hosp	ital) attended the	deceosed from 40	9 21 198	34 , to AUS 3	1 19 84 , tho	t (It (we) lost
	10	sow the deceased alive or	AUG =	31 1984		union death occurred on the d	lote and hour and from the cou	ises stoted
		obove, (I) (we) (did) (did)	view the body of	fter deoth.	DEGREE		22¢ DATESIO	SNED
		Mr. 6 8	Money	2 0 6	MD ATTENDI	NG _ MEDICAL _ STA	FF \ 476 2	1 1001
_		224 PHYSICIAN'S NAME (TYPE	DO BOILT		220 ADDRESS	AN DIRECTOR PHYSI	CIAN NO 7/	1/787
1		MARK S.	NOVE	CK		SPITAL, BAL	TO, MD 212	-15
	23a. B	URIAL, CREMATION, REMOVAL SPECIFY) BURIAL	23h DATE		OF CEMETERY OR CREMAT		COUNTY	STATE
			SEPT.2	,1984 HEB	REW FRIENDSHI		ORE MAR	YLAND
2	24. FU	INERAL DIRECTOR SOL	LEVINSON	& BROS.,	INC.	o. DATE REC'D. BY REGISTRAN	THE HEADS IN THE	
-	6	010 REISTERSTON	M DD D	ALTO MD	21215	SEP 7 1984		

DHMH - 16 50M 4/82 (VRA 15, 4)

BP.

STUSHAPA ST SHOOL EN THE DESIGNATIONS WITCH! 会社の主要を対象が表現を含めます。 THE RESERVE AND ADDRESS OF THE PARTY OF THE THE SECTION E. de MATERIAL SERVICE SERVI OF STREET OF STREET, AND ASSESSED. reference of the continue of t

1 4		FOR STATE REGISTRAR ANTHO	ory Aiello	STATE OF MARYLAND MENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	REG. NO.	1082
1		CEASED HAME FIRST ANTHON	Y UMI	Aleto	20 DATE OF DEATH MONTH	6 84 1005 PM
	1. SE	MALE	RACE & WHITE	S. DATE OF BIRTH MONTH DAY YEAR 13 3	6. AGE (IN YEARS LAST BIRTHDAY) S4 YR:	FUNDER LYFAR FUNDER 24 HRS MONTHS DAYS HOURS MIN.
and the		OTHER ACE TO ATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?		1. BALTIMORE CITY OR COUN	ITY OF DEATH
1 38	-	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET	1 It I have	N 126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN)	126. KIND OF BUSINESS OR INDUSTRY
24 hours		TATE 136 COUR	OTHER INSTITUTION GIVE RESIDENCE BEFOR	ADMISSION)	159 13 STREET ADDRESS / ZIP CO	LIG CALLED DU
d caho	14.17	R-ALT	MIDDLE LAST AVILO	15. MOTHER'S MAIDE	NAME	LAST SU74
V ond co		VAS DECEASED EVER IN U.S. AR		JRITY NO. 17 INFORMANT	ADDRESS LY RECORDS	
physical physical population of the physical phy		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	nly one couse per line for to), (b), on	dic		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH.
eath cer tending ve corbo on, or re simplic e		Conditions, if ony, which	DUE TO, OR AS A CONSEQU		2	-
by the di by the or conservation other tro		gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQU	ENCE OF	retion	I WK
equires to the please of the burial milary, or milary,	NOI	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE	TERMINAL DISEASE OR CONDITION	GIVEN IN PART 110
he for the formal to the forma	CERTIFICATI	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO NO
Eclass, 1 a physic methican medityp	4	210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH D	AY YEAR	CCURRED (ENTER NATURE OF INJURY IN ITEM	18 PART 1 OR PART 2)
C Personal of the Control of the Con	MEDIC	21d. INJURY OCCURRED NOT WHILE AT WORK	21e. PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, I	FARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
TTENDIN phal or TOR At for one or of Health		22a.1 certify that (I) (this hosp sow the deceased alive on	ital) attended the deceased from	, 19 , ond that in (my) (our) op	pinion death accurred on the date and	19 E , that (I) (we) lost hour and from the causes stated
AL DIRECTOR AL DIR		22h SIGNATURE	WH WISH MD	DEGREE		224. DATE SIGNED
HOSPITA FUNER Sould be d the Sto		22d. PHYSICIAN'S NAME (TYPE OF	OR PRINT)	22e ADDRESS	1	

23c NAME OF CEMETERY OR CREMATORY

DES MER BALTIMORE COUNTY MARSILAND

ROAD ANG 8 984

23d. LOCATION

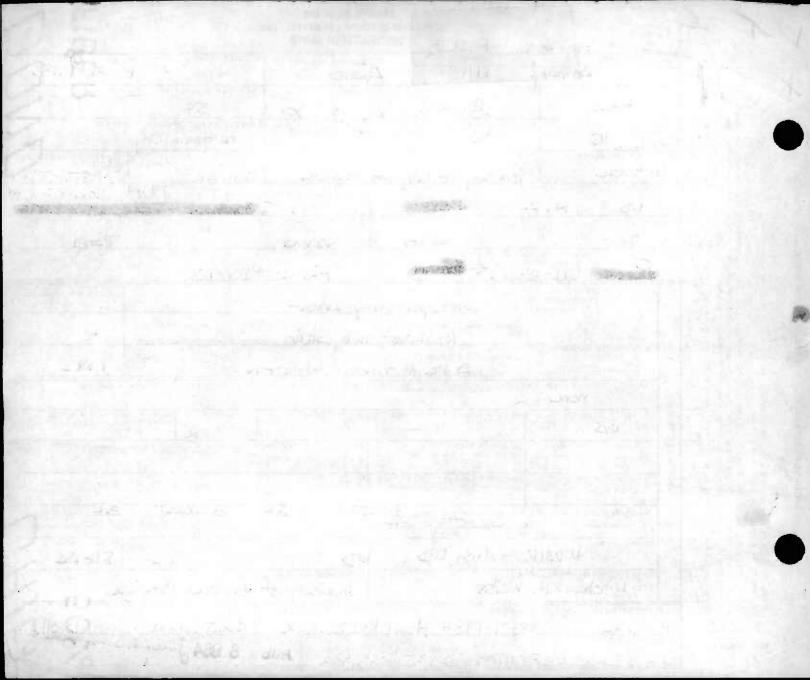
230 BURIAL, CREMATION, REMOVAL (SPECIFY)...

24 FUNERAL DIRECTOR

236 DATE

EVANS CHAPEL OF CHIMES 2325 YORK ROAD

DHMH - 16 50M 4/83 (VRA 15, 4)



	1 -	FOR STATE REGISTRAR	DEPARTM	ENT OF HE	OF MARYLAND ALTH AND MENTAL HYGI CATE OF DEATH	ENES 6,	211	8 3
		CEASED NAME FIRST OR PRINTS EUGENE	MIDDLE V.	A	1ce15		MONTH DAY	YEAR 26 HOUR 1 40 A M
	3. SEX	mais	BLACK	5. DATE OF	BIRTH DAY YEAR 21 49	6. AGE (IN YEARS LAST BIR	MONTHS	
		RTHPLACE (STATE OR FOREIGN)	b. CITIZEN OF WHAT COUNTRY?	8. MARRIED		9 BALTIMORE CITY C		ATH
0	-	SITINGTON DE TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET A			BALTIMO 120 USUAL OCCUPATION (1YPE OF WORK FOR MOST OF	ION 12b I	MD. KIND OF BUSINESS OR USTRY
0	BU	TIMORE		FM	ARY LAND	Fed Gov		RED
5	130.5	ORY BND PINO	TY 13c. CITY OR TOW	LLE	YES NO	2400 PU	ZIP CODE LEENS C	hape Rd.
4	H.FA	THER'S NAME FIRST FUGS NS	NODLE LAST ALKE	NS	IS. MOTHER'S MAIDEN NAM FIRST KATHRY	MIDDLE		RUCKE R
2	10	AS DECEASED EVER IN U.S. ARA	WAR OR DATES)	1 3.390	17. INFORMANT	Soyce Gr	-00	ISTER in
		PART I. DEATH WAS CAUSED	y ane cause per line far (a), (b), and (b) BY: CAUSE (a) DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE	NCE OF	oron			etween onseitand Deam
	NOI	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO D			NAL DISEASE OR CON	DITION GIVEN IN P	ART Ico
	CERTIFICATION	90 DATE OF OPERATION 8/11/84	acute GI	bleed		200 AUTOPSY?	206. IF YES, WERE IN CERTIFYING C YES	FINDINGS USED AUSES OF DEATH?
1	1.550	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT		Y YEAR	21¢ HOW INJURY OCCURRE	ED (ENTER NATURE OF INJU	RY IN ITEM 18 PART T OR F	'ART 2)
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA		211 LOCATION STREET	CITY OR TO	OWN COL	STATE
	100	saw the deceased alive an abave, (I) (we) (did) (did not	al) attended the deceased fram		that in (my) (aur) apinion d	eath accurred an the d		
,		Berbara	a Conley Mi	>	EGREE ATTENDING PHYSICIAN	MEDICAL STA	FF _	8/23/84
1		220 PHYSICIAN'S NAME (TYPE OR	A. CONLEY	Me)	22e ADDRESS			

231. NAME OF CEMETERY OR CREMATORY

Harmony

ROAD GN3 F

Memorial Park

Landover, Marylan

DHMH - 16 50M 4/83

TO FUNERAL DIRECTOR.

(VRA 15, 4)

230 BURIAL, CREMATION
| SPECIFY |
| Burial

Stewart Funeral

TIN DATE

1 1 4 2 E C 3	Sugare IN Aikins
9 35	THE CHARGE 3 31 M
Breathfall city	UNSUMERFURE USA
D IN GOVERNMENT SEE	Stranger Waterend or windfrom
September Williams 2008	MANAGEMENTS FRANCE GENERALIZATES LEES
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	are realizable and
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	MORRATION & CONTESPEND
metal resource rely a pro-	
State Trade State of Francisco	

10 th

FOR STATE REGISTRAR		STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYP CERTIFICATE OF DEATH	GIENES & Z		2	entines.	U	8
1. DECEASED NAME FIRST ALMENA	MIDDLE	ALEXANDER.	20. DAT	7/84	MONTH	DAY	YEAR	

0		REGISTRAR					REG. NO.			
11	1. DE	CEASED NAME FIRST		MIDDLE	l	AST	20. DATE OF DEATH MO	NTH DAY YEAR	2b. HOUR	
1	(TYPE	ORPRINT)	. LA		115	XANDER .	8/7/24		10. P	
		ALME.	NH		TLE	MANUEL .	0/1/09		12:10 M	
	3. SE:	X	4 RACE		5. DATE C	E BIRTH	6. AGE (IN YEARS LAST BIRTHOA	Y) IF UNDER 1 YE	AR IF UNGER 24 HRS.	
	3. 02.						0 10	MONTHS DA		
	0	+	15		MONTH 5-	- 29- 04	00	YRS.		
M	7n BI	RTHPLACE (STATE OR FOREIGN	7h CITIZEN OF	WHAT COUNTRY?	8		9. BALTIMORE CITY OR C			
0//		COUNTRY	Ju. Cirizzi Ci	WIIAI COOMIKI.	MARRIE	D NEVER MARRIED	D I	d . 1		
4	IS.	Carolina	U.S	. A .	WIDOWE	DIVORCED T	1 SOLLIM	DOE CHO	MD.	
9.11		ITY OR TOWN OF DEATH				OR OTHER INSTITUTION	120. USUAL OCCUPATION	126 KIN	OF BUSINESS OR	
3///	1			HEACILITY, GIVE STREET A			(TYPE OF WORK FOR MOST OF WO		RY	
97	10	altimoet.	111	the ban	11/	601-1h/				
2/1/	USU	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)	Triple .		0.1	0.1.5	
3/1	130. 5	STATE 136. COUN	1TY	13c. CITTOR TOWN	N	164. INSIDE CITY LIMITS?	13e. STREET ADDRESS		215	
2)		1114.		1501/10	no 75	YES NO	2719 Liber	tv Heig	hts Ave.	
100	14. F.A	THER'S NAME	•	· Christian		15. MOTHER'S MAIDEN NAM		-1		
5/1/1		FIRST	MIDDLE	LAST		FIRST	MIDDLE		LAST	
1///						Lucinda		Fo	v	
0 1	16a. V	WAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECUE	RITY NO.	17. INFORMANT	ADDRESS			
ğ			E WAR OR DATES)			,	/			
E	_ I	10		215-42-	215-42-6644 Jannie Segars 2719 Liberty Height					
å /		18 CAUSE OF DEATH (Enter on	Appl	OXIMATE INTERVAL						
of,		PART I. DEATH WAS CAUSE		いっトナ	- 3	11		BETWE	EN ONSET AND DEATH	
A .		IMMEDIA1	E CAUSE (a)	26120	100	work.				
Ji.		No. of the last of								
E O		The second	DUE 10, O	R AS A CONSEQUE	NCEOF	tract ont	Pelamal.			
00	34	Conditions, if ony, which	(b)	man	uun	17 Oct INF	conon,			
7		gove rise to immediate couse (a), stating the	S DUE TO O	A CONSTOUR	NCE OF	Pheumo	1. iti			
the state of		underlying couse last.	DUE 10, 0	RAS A CONSCOUE	NCE OF	1 Mains	W CCS			
0 0			(c)							
×		PART 2 OTHER SIGNIFICANT	ONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITI	ON GIVEN IN PART	110	
5	Z	COBC . C	RF.	ASCV		. CHE , I	neumor	vilus		
×	Ĕ	207000	I'M COVID	TION SOO WILLIAM	ODERATIO				Dhiosis	
0	0	190. DATE OF OPERATION	196. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY? 20	IL IF YES, WERE FIN CERTIFYING CAUS	SES OF DEATH?	
XCX	E						YES NOW	YES 🗍	NO []	
S.	CERTIFICATION	21a. ACCIDENT WAS UNDERLYING	216 TIME C	E IN HIPV		21c. HOW INJURY OCCURR				
8		OR CONTRIBUTING CAUSE OF DEA	110110 4	M. MONTH DA	Y YEAR	THE HOW INSORT OCCORR	(ENTER NATURE OF INJURY IN	ILEM IS PART I OK PART	41	
E/	1	(IF EITHER NOTIFY MEDICAL EXAMINER		M.	19					
= /	MEDICAL	214 INJURY OCCURRED	21e PLACE		- 17	211. LOCATION				
0//	A			REET, FACTORY, OFFICE FA	ARM, ETC)	STREET	CITY OR TOWN	COUNTY	STATE	
, k	<	AT WORK NOT WHILE			2.1	- 0 05	~ 1	011		
o a			a_1) _aa		61	23 10 84	. 817	10 89	41	
.5		220.1 certify that (1) (this hospi	'X /	V	11	, 19	. 10	19_0,	_, that (l) (we) last	
21	100	sow the deceased alive on above, (1) (we) (did) (did no		ofter death	, or	id that in (my) (our) opinion o	death occurred on the date	and hour and from t	the couses stated	
E		22b. SIGNATURE	-	One death.		DEGREE		22s. D.A	ATE SIGNED	
*		11/12/17	MIAT	-4 a	W	ATTENDING	MEDICAL STAFF	. 0	17/01.	
= 1	7-1	1810011	17000		///	PHYSICIAN [2	11/04	
4		22d. PHYSICIAN'S NAME (TYPE C		0		22e. ADDRESS				
ORT	100	RICH TI	HUY	DUON	7-	LUTHER	LAN HOSP	ITAL		
2		131 011 11	1011	EVV N	4	CA	4114 11021	,,		
1										

TO FUNERAL DIRECTOR: After this certificate hos been signed by the attending physician and co should be detached for use as the burial-transit permit. Then please remave carban papers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remaval. TO HOSPITAL OR ATTENDING PHYSICIAN: The law etained by the hospital ar attending physician. BP. DHMH - 16 50M 4/B2 (VRA 15, 4)

uneral director, page 3 in 72 hours after death

and campletely filled in by the loges I and 2 should be filed w

4 may be

within 24 hours after

requires that the death certificate be

230. BURIAL, CREMATION, REMOVAL BURIAL

Mm C March F/H Inc. 1101 E North Avenue

23b. DATE 8/13/84

23d LOCATION
CITY OR TOWN
Darlington
REC'D. BY REGISTAR 23c. NAME OF CEMETERY OR CREMATORY St. John AME Ch Cem

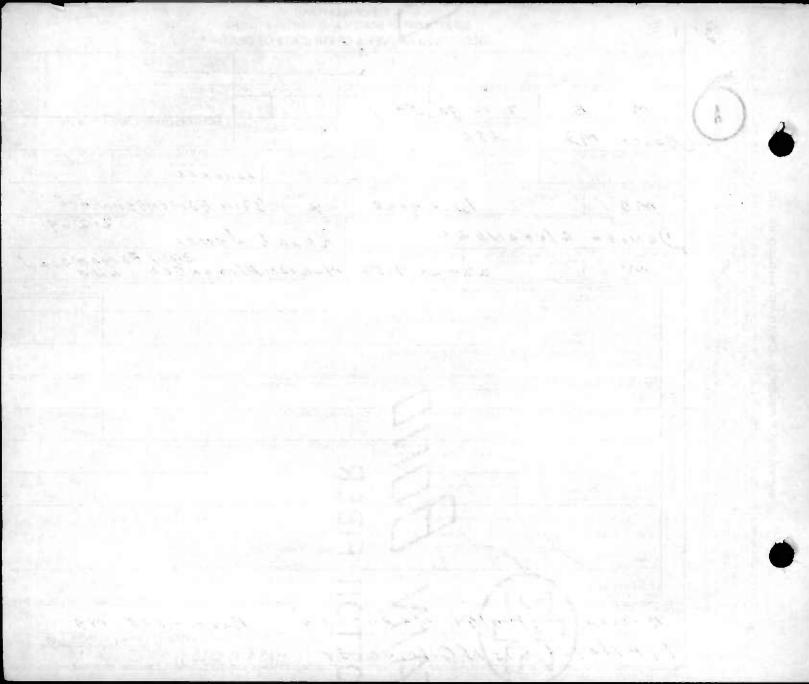
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BP. DHMH - 17 (VR A15 ME (5))

PLEASE

STATE OF MARYLAND

3	- S'	OR TATE EGISTRAR		MEDICAL EXAMI	INER'S CERTIFIC	ATE OF DEAT	H A REG. NO	2 1 0 0	
	1. DECE	EASED NAME OR PRINT)		WIDDLE	LAST		DATE KNOWN X	MONTH DAY YEAR	26 HOUR
			Ernest		Alexande	er	DEATH MATED	8/14/8419	1
1	3 SEX		4. RACE	5. DATE OF BIRTH MONTH DAY YEAR LAST BIRT		IF UNDER 24 HRS. 2c		MONTH DAY YEAR	1 HQUI
		m	B	MONTH DATE TEAM DATE DIRECT	YRS MONTHS DAYS	HOURS MIN. PR	ONOUNCED DEAD	8/14/8419	P 4
Ч	7n BIR	THPLACE (S)	TATE OR	76 CITIZEN OF WHAT COUNTRY?	10	- 9	BALTIMORE CITY O	OR COUNTY OF DEATH	1 1 ~
1	FORE	IGN COUNTRY	M2	USA	MARRIED MEN	ER MARRIED DIVORCED	Baltimore		ME
)	10. CITY	ORTOWN	OF DEATH	11. NAME OF HOSPITAL, NURSING HO	ME, OR OTHER INSTITUT	ION 12a. USUA	L OCCUPATION (TYPE		BUSINESS
		altimo		University Hosp	ital Shock T		BROW	OK II VOOS	
3	13a. STA		(IF IN NURSING HOME OF	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMITY	13d. INSIDE CIT	V LIMITS? 130. STREE	ADDRESS F3 MON	SONAUE	. 7
6.3	IA FAT	HER'S NAME FIRST	Ex 4/0	MODLE WDEN LAST	and the	R'S MAIDEN NAME	MIDDLE MIDDLE	3/2,3	9
	160 WA	AS DECEASED,	D EVER IN U.S. ARM	VAR OR DATES)			3272	FAMOND.	SON
		IR CAUSE O		y ane couse per line lar (a), (b), and (c).)				APPROXIMA	ATE INTERVAL SET AND DEATH
1		PARTIDE	ATH WAS CAUSED	E CAUSE (a) Shotgun I	Wound of Che	est			
1		Condition	ns, if any, which	DUE TO, OR AS A CONSEQUENCE	CE OF				
4		gave ris	se to immediate	(b)					
		lying cou	stating the <u>under-</u> ise last.	DUE TO, OR AS A CONSEQUENCE	CE OF				
		PART 2 OTHER SI	GNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT NOT RELATED TO THE TO	ERMINAL DISEASE OR CONDITION	GIVEN IN PART I 10			
	CERTIFICATION								
	CA	19a. DATE OF	OPERATION	196 CONDITION FOR WHICH OP	PERATION WAS PERFORM	AED?		20 AUTOPS	Y?
-	RTIE	21- EVIEDALA	AL CAUSE WAS	21b. TIME OF INJURY	Tax man di man			YES X	NO 🗌
3		JNDERLYING		HOURTAM, MONTH DAY YE	EAR	OCCURRED (ENTER NAT	URE OF INJURY IN ITEM 18	PART I OR PART 2)	
		CONTRIBUTION CONTRIBUTION	NG CAUSE OF D	216 PLACE OF INJURY (AT HOME.	subject	shot			
-	MEC		NOT WHILE TO	STREET, FACTORY, FARM, ETC.)	STREET		ITY OR TOWN	COUNTY	STATE
	1			Street		N. Gilmor	e St., Ba	ilto. City, 1	Md.
				af the remains described above, held or		Inspection		id in my apinian	
		death resulte	ed tram: Nature	al clauses, Accident,	Suicide	-	nined manner		
		ACTUAL SIGNATURE.	M			stant_MEDIC	AL EXAMINER	DATE SIGNED 8/15	/84
7	E	XAMINER'S	NAME CT			111 5			
		TYPE OR PRI	NT) Gree	gory R. Kauffman, 1					
		BUNN	TION, REMOVAL 23		AV3VA N		ATION TOWN	E OCOUNTY MS	STATE
	24 FUI	NERAL DIREC	TOR	A MODERN A A	2	Sa. DATE REC'D. BY RE	GISTRAR 250 REGI	S PAR'S SIGNATORE	02
	M	101	4444	6380RES. G. IM.	on st	MIGTE	1094 guna	Andrian I full	



	1-	FOR STATE REGISTRAR			DEPART	MENT OF H	E OF MARYLAND HEALTH AND MENTAL HY CICATE OF DEATH	GIENE E	2 i	0 8	b
		CEASED NAME OR PRINTI	JAM JAM	70	REW A	LEX	ANDER	2a. DATE OF DEATH	MONTH DAY	VEAR 2b	245
	3. SE)	X .		4. RACE		5 DATE		& AGE (IN YEARS LAST BIR			UNDER 24 HRS
Ħ		Male		Blk		Marc	h 2, 1898 A	86	YRS	INTHS DAYS HOURS MIN.	
6		RTHPLACE STATE OR	FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8		9. BALTIMORE CITY		FDEATH	
5	V	irginia		U.S.A.		WIDOWE	D NEVER MARRIED DIVORCED	Bal	ltimore		MD.
9	В	TY OR TOWN OF DEA	1	Provide	ence Hosp	address)	OR OTHER INSTITUTION	12a USUAL OCCUPAT (1YPE OF WORK FOR MOST C Chauffeur	F WORKING LIFE)	126 KIND OF B INDUSTRY Private	USINESS OR
5	13a S M	AL RESIDENCE IF NURS TATE aryland	13b COUN	other institution ty imore	GIVE RESIDENCE BEFORE 13c. CITY OR TOW Baltimor	N	13d. INSIDE CITY LIMITS? YES NO [13e STREET ADDRESS 2506 Rusco	om Lane	21:	215
2		THER'S NAME	4	AIDDLE	LAST		15 MOTHER'S MAIDEN NA			LAST	
1		uther	N/î		Alexande	r	Callie	N/MN		Mason	
7	160 V	VAS DECEASED EVER	I LIEVEL CIVE	MAR OR DATES	166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRE	SS		
-	Y	ES, NO OR UNKNOWN)	8/42	-1/43	214-20-9	1467	Edna Lane -	3330 Baker	St.NE,	Washin	gton, D.
		PART I. DEATH W Conditions, if ony, gove rise to immrouse to storm underlying cause	/AS CAUSED IMMEDIATE , which mediate ing the lost	DUE TO, OF DUE TO, OF	CARD IO	NCE OF	MONARY	ARREST		APPROXIMATI BETWEEN ONSI	OUR
	z	PART 2 OTHER SIGN	NIFICANT C	ONDITIONS <u>CC</u>	NIRIBUTING TO L	DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR CON	DITION GIVEN	IN PART 110	
>	CERTIFICATION	19a. DATE OF OPERA	TION	19b. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		VERE FINDINGS	
1		210. ACCIDENT WAS UNE	CAUSE OF DEAT	21b. TIME OF HOUR A./	M. MONTH DA	Y YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	RY IN ITEM IS PART	T OR PART ?)	
	MEDICAL	21d INJURY OCCURE	HILE	21e. PLACE ((AT HOME STR	OF INJURY SET, FACTORY, OFFICE, F	ARM, ETC)	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
		sow the decease obove, A (we) (c	ed olive on_	AUCUST	- 6 10 G		nd that in 10 (our) apinion	death occurred on the de	te and how a		(we) lost ses stated
-	1	COOK	aly.	Jeal	ran W	D.	ATTENDING PHYSICIAN [MEDICAL STAI		8/6	184

MPORTANT: If hem 21 is

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complet should be detached for use as the buriol-transit permit. Then please remove carbonpapers. Pages 1 and 5 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

DHMH - 16 50M 1/B1 (VRA 15, 4)

STEPHEN M. SEABRON 230. BURIAL, CREMATION, REMOVAL Removal—Burial 8/11/84

23c. NAME OF CEMETERY OR CREMATORY Culpeper National

23d LOCATION
CITYORTOWN
Culpeper

Virginia State

503 N. Main St. - Culpeper, Va.

1 Cem Culpe pe 25a, DATE REC'D. BY REGISTR -AUG 1-7-4984

(
- 74	,	

Spare, a mos		215	
		.1.2.0	akake
	oflich noc	nivon!	scould)
	amount fee	copet# fall	proster grant

appear allies refresel last a result bysteen , T. dc rests 0555 - ens. | mil | 725 - E-MS | F/1-S/8

respectationed language monopolist to the form all the companies and the companies a

AC SYLENGE, MAIN SE. - CHIMBE, To.

Unitally -

STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	

6.4	6-	1	ئ	3	

1	1 -	REGISTRAR		CERTI	FICATE OF DEATH	REG. NO	O.			
Н	1. DECEASED NAME FIRST				LAST		MONTH OAY YEAR	26 HOUR		
1	{ I YPE	JESSIE		ALEXA	NDER	AUGUST 24	1, 1984	2:55 ^P _M		
1	3. SEX		4 RACE	5. DATE	OF BIRTH	6 AGE (IN YEARS LAST BIR	THOAY) F UNDER 1 YEA			
1		Female	Black	6	4 31	5.3	YRS	J HOURS Mark		
-	7a. BII	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT	OUNTRY? 8.			R COUNTY OF DEATH			
4		arvland	U.S.A	WIDOW	ED NEVER MARRIED	BALTIMORE	ECITY	MD.		
-		TY OR TOWN OF DEATH		AL, NURSING HOME	OR OTHER INSTITUTION	120 USUAL OCCUPATE		OF BUSINESS OR		
2		LTIMORE		KINS HOS		<u> </u>				
d	13a S	TATE 136 COU	ROTHER INSTITUTION GIVE RESI	DENCE BEFORE ADMISSION) TY OR TOWN	1 13d INSIDE CITY LIMITS?	13e STREET ADDRESS	7 7IP CODE			
Э	М	aryland		ltimore	YES NO		and Avenu	21205		
Н		THER'S NAME	IDG	ICIMOTE	15. MOTHER'S MAIDEN NA	ME	and Avent	E 212111		
		FIRST	MIDDLE	LAST	FIRST	WIDDIE		AST		
4		Hamilton	Clo		Anne	B		orkle		
		(AS DECEASED EVER IN U.S. AF	VE WAR OR DATES)	OCIAL SECURITY NO.	17 INFORMANT	ADDRE	:22			
		NO	N	/ A	Vernell Clo	oude 1640	Ashland A	venue		
		18 CAUSE OF DEATH (Enter o	nly ane cause per luee far	(a), (b), and (c),)	-		APPR	DXIMATE INTERVAL N ONSET AND DEATH		
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) RESPIRATORY DRREST (142 days								
		DUE TO, OR AS A CONSEQUENCE OF								
		Conditions, if any, which (16) DS+eogenic Sarcoma 3-6 Mont								
		gave rise to immediate						/		
		cause (o), stating the underlying couse lost						days		
		PART 2. OTHER SIGNIFICANT	(2)	UNIC TO DEATH BU	T NIOT BELLTED TO THE TERM	INIA DISCLASS OR COM	DITION COVEN IN DARK			
	z	PART Z. OTHER SIGNIFICANT	CONDITIONS CONTRIBI	UTING TO DEATH BU	I NOI KELATED TO THE TERM	VINAL DISEASE OR CON	DITION GIVEN IN PART	IIa.		
4	CERTIFICATION	19a DATE OF OPERATION	The constitutions	00.000000000000000000000000000000000000	ON WAS PERFORMED	20a AUTOPSY?	206 IF YES, WERE FIND	NICC LICES		
5	Ď.	190 DATE OF OPERATION	196 CONDITION F	OR WHICH OPERATIO	ON WAS PERFORMED		IN CERTIFYING CAUS			
-	ZT IF					YES NO	YES 🗌	NO [
1	E E	21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJUR	ry Onth day year	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART I OR PART 2)		
	AL	OR CONTRIBUTING CAUSE OF DE	AIR	19	`					
	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJU	JRY	211 LOCATION					
	ME	WHILE NOT WHILE	(AT HOME, STREET, FACT	ORY, OFFICE FARM, ETC 1	STREET	CITY OR TO	WN COUNTY	STATE		
		AT WORK AT WORK		A		11 11 2	. 011			
		220.1 certify that (1) (this hasp	B.E	97 41	. 19	4. 10 Hug 2		, that (I) (we) last		
		saw the deceased alive ar obove, (1) (we) (did),(did n		19, c	and that in (my) (our) opinion	death occurred on the de	ate and hour and fram t	ne causes stated		
		22b SIGNATURE	H		DEGREE		22c DA	TE SIGNED		
		botu	~ Han		ATTENDING PHYSICIAN [MEDICAL STAI	IAN W			
-		22d. PHYSICIAN'S NAME (TYPE	OR PRINT)		22e ADDRESS					
		1011	Eanl		1 1600 N	Wolfe /St	treet.Balt	O/Md21205		
		JUHN	rHIV		INCISON		5 HEPKINS	MOSPITA!		
		URIAL, CREMATION, REMOVAL			CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY	STATE		
	,	BURIAL	8/30/8	4 Mount	Zion Cem.	Lansdow	ne,	Md STATE		

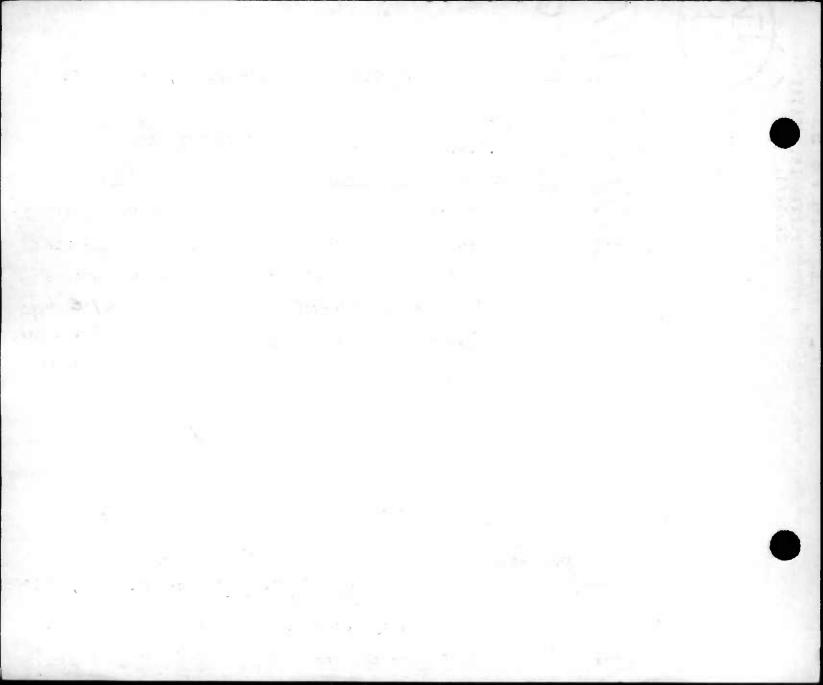
DHMH - 16 50M 4/83 (VRA 15, 4)

FOR

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

24 FUNERAL DIRECTOR
NAME

Wm C March F/H Inc. 1101 E North Avenue AIG 2



1	ľ	FOR STATE
1	-	REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	6	4		12	5
4	tim	1	1	0	i,
DEC NO					

REGISTRAR		CEKTIF	ICATE OF DEATH	REG. N	40		
1. DECEASED NAME FIRST	MIDDLE	1	LAST	20 DATE OF DEATH		YEAR	2h HOUR
Eve:	lvn White	Allenb	augh	August 2	6. 1984		AM
3. SEX	4. RACE	5 DATE O	OF BIRTH	6. AGE (IN YEARS LAST B	IRTHDAY) (F	UNDER I YEAR	IF UNDER 24 HRS
Female	White	Feb.	27, 1906 EAR	78	YRS.	NTHS DAYS	HOURS MIN.
70. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COU	NTRY? 8.	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY O	FDEATH	
Maryland	U.S.A.	WIDOW	_	Baltim	ore City	1	MD.
10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, I		OR OTHER INSTITUTION	12a USUAL OCCUPAT		12b. KIND O	F BUSINESS OR
Baltimore	1304 W. 3	7th Stree	et 21211	Tailor	OF TYORKING (SEE)		g Factor
Maryland	DUNTY . 13c CITY C	timore	13d INSIDE CITY LIMITS? YES X NO [136. STREET ADDRESS	37th Sti	2/2 ceet	11
14 FATHER'S NAME FIRST	MIDDLE L	AST	15. MOTHER'S MAIDEN NAM	ME		LAST	1
	E. Hampshire		Ada	Wisner Wisner			
160 WAS DECEASED EVER IN U.S. (YES_NO OR UNKNOWN) (IF YES.	CIVE WAR OR DATES	L SECURITY NO.	17 INFORMANT	ADDR	ESS		
(YES NO OR UNKNOWN) (IF YES.	214 (05 3634	LaRue Beeve	er			
18 CAUSE OF DEATH (Enter	anly ane cause per line for (a),			C C1	1	BETWEEN C	MATE INTERVAL DISET AND DEATH
	PIATE CAUSE (a)	*astatic	carcinoma o	+soft pa	late	BULON	14/83
	DUE TO, OR AS A COM	SEQUENCE OF				0	
Conditions, if ony, which	(b)						
gave rise to immediate cause (a), stating the	cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF						
underlying cause last.	(c)						
PART 2 OTHER SIGNIFICAN	IT CONDITIONS CONTRIBUTION	IG TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR COM	IDITION GIVEN	IN PART I	3
0							
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LIFETIMER NOTIFY MEDICAL EXAM WITH CONTRIBUTION CONTRIBUTION TO CONTR	196 CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, W	VERE FINDING CAUSES	OF DEATH?
	THE AN INCOME NAMED A		In the second	YES NO	YES [NO 🗌
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF		TH DAY YEAR	21¢ HOW INJURY OCCURE	RED (ENTER NATURE OF INJ	URY IN ITEM 18 PART	1 OR PART 2)	
(IF EITHER NOTIFY MEDICAL EXAM		19	100				
21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY,	OFFICE FARM, ETC.)	21f. LOCATION STREET	CITY OR T	OWN	COUNTY	STATE
WHILE NOT WHILE AT WORK			// 5.0		,		
	ispital) attended the deceased	0.16	19 83	to pres	. 19.		that (I) (we) lost
	nati view the body after death		nd that in (my) (our) opinion o	death occurred on the o	lote and hour of		
22b. SIGNATURE	el i deld	us	DEGREE ATTENDING	MEDICAL STA	AFF	22c. DATE	SIGNED.
22d PHYSICIAN'S NAME (TY	apple ,		PHYSICIAN 2	DIRECTOR PHYSI	CIAN	0/2	17/84
				Dd			
	. Lichtenfeld	I an allower are a	2360 W. Jo				
230. BURIAL, CREMATION, REMOV Burial	8/29/1984		EMETERY OR CREMATORY	23d. LOCATION CITY OF TOWN	on, Bal	OUNTY	Md.
BURIAL 24 FUNERAL DIRECTOR	0/29/1984	Gardens	of Faith Cem.				
Burgee Funeral	Home DA AD	DRESS 4 A			R 256 REGISTRAI	r's SIGNATI	JRE .
burgee runeral	nome, r.A.	parto., r	M. SIZII AUG	2 8 1984 4	was very	And you	here.

Balto., Md. 21211 AUG 2 8 1984 gulie Bevilon Rodelle

DHMH - 16 50M 1/81 (VRA 15, 4)

IMPORTANT: If Hem 21 is morked or Hem 18 shows ony injury, ar other troumatic event, the

Places thing the for the smarting situations 4 / 52/6 Complemental His AUS 2 8 1984 fell City Police

and completely filled in by the furnity oges I and 2 should be filed with 17 h TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion should be detached for use as the burial-transit permit. Then please remove carbon papers. Pewith the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal. ATTENDING PHYSICIAN: The low attending physician

injury, ar ather traumatic event, the

IMPORTANT: If Item 21 is marked or Item 18 shows any

STATE OF MAKTLAND								
DEPARTMENT	OF HE	ALTH	AND	MENTAL	HYGIEND			
CEI	RTIFI	CATE	OF	DEATH				

- STAT	ISTRAR			DEPART		ICATE OF	DEATH		EG. NO.		
DECEASE	«T)	FIRST WRY	A	AIDDLE		LMO1	<i>(/</i>)	2a. DATE OF DE		DAY YEAR	26 HOUR
Male A. RACE Black							6 AGE (IN YEARS		IF UNDER 1 YEAR		
COUNTR	a.		U.S.A.	WHAT COUNTRY?	WIDOWI	D 🗌	R MARRIED DIVORCED	Balti	nore Ci		O N
Ba	1to.		3537 [HOSPITAL, NURSIN HEACILITY, GIVE STREET Dennison	Rd.	OR OTHER IN	ISTITUTION	12ª USUAL OCC LTYPE OF WORK FOR BUS. MC	MOST OF WORKING	LIFE) INDUSTRY	of BUSINESS e Govt.
.PM		136 COUNT		GIVE RESIDENCE BEFORE 130 CITY OR TOW Balto.		YES X	CITY LIMITS?		Deniso	n Rd. 2	1215
	iborne		™ Allmoi				Lillie	Ma		ggins	AST
	ECEASED EVER OR UNKNOWN)		NED FORCES? WAR OR DATES)	213 20 1	524	Mrs	TUAN	Allmond	ADDRESS . 3531	Denison	Rd.
gov. caus undi	ditions, if any, e rise to imm ie (a), statin erlying cause	g the last	(b)	R AS A CONSEQUE R AS A CONSEQUE DITTIBUTING TO L	ENCE OF	NOT RELAT	ED TO THE TERM	INAL DISEASE OF	CONDITION G	IVEN IN PART 1	l(a
19a D	ATE OF OPERAT	ION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERI	FORMED	20a AUTOPSY	IN CERT	ES, WERE FIND IFYING CAUSE (ES []	
OR CO	ONTRIBUTING (CITHER NOTIFY MEDIC	AUSE OF DEATH	P./ 21e PLACE (M. MONTH DA	19	211. LOCA	TION	RED (ENTER NATURE			
22a	certify that (1) ow the decease abave, (1) (we) (c	(this hospite	al) attended the	e deceased from_	7427 84 , a	nd that in (m	19 50		16.11	19 PC our and from th	, that (I) (we) i
0	J.M.	uman	may,	m. D.		DEGREE		MEDICAL DIRECTOR 1	STAFF PHYSICIAN [8/2	o/ex
22d. P	HYSICIAN'S	TYPE OR	PRINT			22e ADDR	E 22				

L. M. JUMAMOY. M.D.

23c. NAME OF CEMETERY OR CREMATORY

23d LOCATION
CITYORTOWN
Windsor, Va.
BEC'D. BY REGISTRAR 251/ REGISTRAR; SIGNATURE
GUNTY
STATE
Windson, Va.

23a BURIAL, CREMATION, REMOVAL (SPECIEY) 8/23/84

Jones Grove

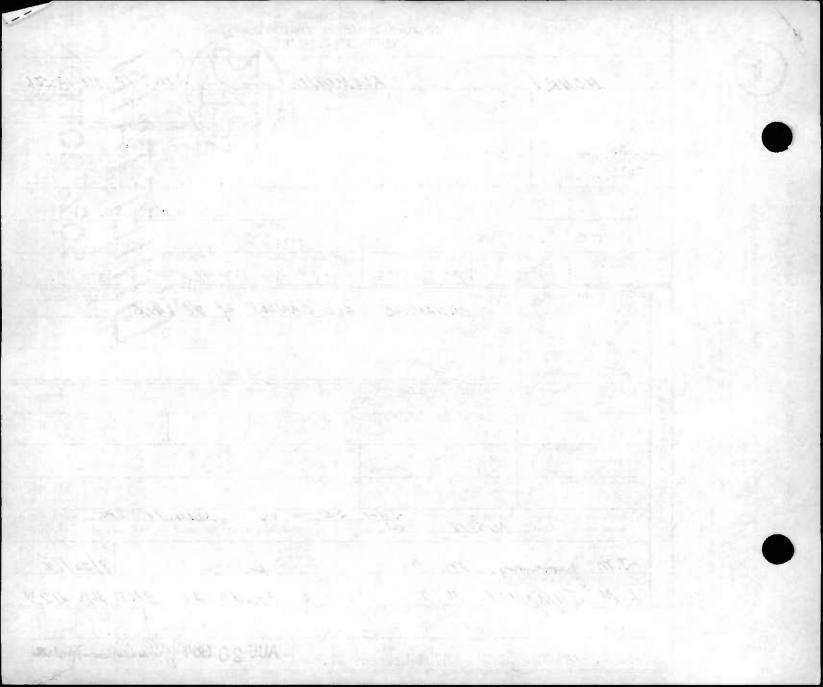
Burial 8/2: 24 FUNERAL DIRECTOR Jas. A. Morton & Sons

FOR

1701 Laurens St.

DHMH - 16 50M 1/81 (VRA 15, 4)

TO HOSPITAL OR ATTENDI



es that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN. The retained by the haspital or attending physician. signed by the ottending physician and completely filled in by the near please remove corbon popers. Pages 1 and 2 shared be lined with a buriol, cremotion, or removal.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottem should be detached for use as the burial-transit permit. Then please remove co with the State Dept of Health and Mental Hygiene prior to burial, cremation,

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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AUG 8 1984 Saudson Mindse

8 1984

	REGISTRAR			CERTIF	ICATE OF DEATH	REG. NO.		
TTYPE	CEASED NAME FIRST		MIDDLE	· · · · ·	A51	20 DATE OF DEATH MONTH	DAY YEAR	2b. HOUR
	GEORGE	RICHARI	D AI	MEHIN		08-	-04-84	3.50P
SEX	MALE	4. RACE CAT	JCAS.	5. DATE C	10/1912 YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	WONTHS DATS	IF UNDER 24 HRS HOURS MIN.
C	RTHPLACE (STATE OR FOREIGN COUNTRY) WARK, N.J.	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE WIDOWE	NEVER MARRIED	9. BALTIMORE CITY OR COUN BALTIMORE	TY OF DEATH	MI
B	Y OR TOWN OF DEATH BAITIMORE	ST.	AGNES HOST	ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING RET . DESTIGNER	LIFE) INDUSTRY	F BUSINESS OR
o. S VIA			GIVE RESIDENCE BEFORE 13r CITY OR TOWN Catonsv	N	13d INSIDE CITY LIMITS?	407 LEE DR	Catonsvi IVE 212	
	THER'S NAME FIRST George	R.	Alth		15. MOTHER'S MAIDEN NAME HELEN	MIDDLE	Thorn	ī
	VAS DECEASED EVER IN U.S. res. no or unknown} [if yes No	ARMED FORCES? GIVE WAR OR DATES!	212-05-4		Catherine A	ADDRESS	3e.	
	18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	only one couse pe JSED BY				arrest	BETWEEN	MATE INTERVAL DISET AND DEATH
CERTIFICATION	PART 2 OTHER SIGNIFICAN	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED		ES, WERE FINDIN) 1
RTIF	04-31-8	7 1 9	CalTMC	CO			TIFYING CALISES	
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LIFE EITHER NOTIFY MEDICAL EXAM	DEATH HOUR A			21c HOW INJURY OCCURR		TIFYING CAUSES YES PART 1, OR PART 21	
MEDICAL CE	OR CONTRIBUTING CAUSE OF	DEATH HOUR A NER) P. 21b. TIME C HOUR A P. 21c. PLACE	DF INJURY M. MONTH DA M.	Y YEAR		YES NOT	YES 🗌	OF DEATH?
	OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 220.1 certify that (1) (this has sow the deceosed alive above, (1) (we) (did) (did)	21b. TIME C HOUR A NER) P 71e. PLACE (A1 HOME. ST	F INJURY M. MONTH DA M. OF INJURY REET, FACTORY OFFICE, FA	Y YEAR 19	211. LOCATION STREET 211 to (my) (our) opinion of	YES NOTED (ENTER NATURE OF INJURY IN ITEM 1)	YES 8 PART 1, OR PART 21 COUNTY	OF DEATH? NO STATE
	OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM 71d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK 10 (1) (this ho sow the deceased alive	21b. TIME C HOUR A P. 21e. PLACE (AT HOME ST spitol) attended the on C.	F INJURY M. MONTH DA M. OF INJURY REET, FACTORY OFFICE, FA	Y YEAR 19	211. LOCATION STREET 19 d that in (my) (our) apinion of DEGREE ATTENDING	YES NOTE NOTE OF INJURY IN ITEM IS	COUNTY COUNTY 19 22c. DATE:	OF DEATH? NO STATE STATE that (1) (we) lost couses stated

24 FUNERAL DIRECTOR 1630 Edmondson Ave. Catonsville, Md. 21228

Leroy M. & Russell C. Witzke Funeral Home

DHMH - 16 50M 1/81 (VRA 15, 4)

BP

CONTROL DE LES CONTROLS plant acretic pro-MANAGEMENT ASSESSED SHALL SHAL

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be

retained by the haspital ar attending physician

	CR PRINT) Lillie	Mae Mae	Anders	son	August 27,	1984 PEAR 26. HO
3. SEX	Female	4 RACE Black	5. DATE C	DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	#FUNDER I YEAR IF UNDE
70 BIR	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNT	RY? 8	16 30	9. BALTIMORE CITY OR COUN	ITY OF DEATH
M	aryland	USA	WIDOWE	DIVORCED	Baltimore	City 112b. KIND OF BUSIN
	altimore			Avenue	(TYPE OF WORK FOR MOST OF WORKING	
130 S	Bate 136. COU	OR OTHER INSTITUTION, GIVE RESIDENCE BINTY		134. INSIDE CITY LIMITS? YES NO [13e.STREET ADDRESS / ZIP CO	
14. FA	THER'S NAME	MIDDLE LAST		15. MOTHER'S MAIDEN NA	ME MIDDLE	LAST
14 11	Lindsey		er,Sr	Sadie	Ann	Watson
(YI		IVE WAR OR DATES]		17 INFORMANT Louie Lero	derson 338 E.	T i
	Unknown	only one couse per line for (a), (b) ED BY:	8-1817	A FORESE AU	derson 330 E.	APPROXIMATE INT
U	. 1	conditions contributing wind ma dawi) 196 CONDITION FOR WH	. 2) 6	ofustomy In	NINAL DISEASE OF CONDITION OF	GIVEN IN PART I (a YES, WERE FINDINGS US TIFYING CAUSES OF DEA
CERTIF	21p. ACCIDENT WAS UNDERLYING [11. 110	YES NO NO	YES NO
	OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH	DAY YEAR	MA -	RED (ENTER NATURE OF INJURY IN ITEM I	18 PART I OR PART 2)
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	A PLACE OF INJURY (AT HOME STREET, FACTORY, OFF	NA -	21f. LOCATION NA	CITY OR TOWN	COUNTY
		pital) attended the deseased fro		19 78	, to	. 19 \$ 4 , tho (1)
	obove, (I) (we) (did) thid m	of view the body after death.		DEGREE	MEDICAL STAFF DIRECTOR PHYSICIAN	22t. DATESIGNED
	11-1-		The Control of the Co	PHYSICIAN 2	DIRECTOR PHYSICIAN	0

DHMH - 16 50M 4/83 (VRA 15, 4)

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TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the funeral direct should be detached for use as the burial-transit permit. Then please remove corban papers. Pages 1 and 2 should be filed within 72 hours with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

executed within 24 hours after death. Page 4 may be

completely filled in by the funeral direct lyand 2 should be filed within 72 hours

must be notified of once

IMPORTANT: If them 21 is marked or them 18 shows any injury, or other troumatic event, the medical

IO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicial should be detached for use as the burial-transit permit. Then please remove carbompapers, with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.

TENDING PHYSICIAN: The lo

TO HOSPITAL

retained by the hospital or attending physician

_		FOR	
1	-	STATE	
		DECICTDAD	

STATE OF MARYLAND

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D'all	6.20	4	181		
PEG NO					

	1-	STATE REGISTRAR		DEPARTA		ICATE OF DEATH	REG. N	0.			
	1. DEC	CEASED NAME FIRST ROSE	V	• VIDDLE	Ander	son	20. DATE OF DEATH	8-1	S-84	10:	23 M
	3 SEX	Female	4 RACE	ack	S. DATE C		6. AGE (IN YEARS LAST BIRT	^	F UNDER I YEAR	IF UNDER	24 HRS MIN
1	70. BII	RTHPLACE (STATE OR FOREIGN DUNTRY)		WHAT COUNTRY?	8. MARRIE	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY	OF DEATH		
2		ryland	U.S	.A.	WIDOWE	DIVORCED	Baltimo				MD
2	B	TY OR TOWN OF DEATH				or other institution	120 USUAL OCCUPATI (TYPE OF WORK FOR MOST O		12b. KIND OI INDUSTRY	F BUSINE	SS OR
5	130 S Ma	AL RESIDENCE (IF NURSING HOME STATE 13b CO Lryland		GIVE RESIDENCE BEFORE 130 CITY OR TOW Baltime	N	13d. INSIDE CITY LIMITS?		gan A	venue	212	16_
)	14 FA	THER'S NAME FIRST Robert	WIDDLE	Bundy		is mother's maiden NA/ FIRST Mable	WE		LAST		
		VAS DECEASED EVER IN U.S. (16 YES, O	ARMED FORCES? GIVE WAR OR DATES)	166 SOCIAL SECU	RITY NO.	Paul Anders	ADDRE son 3228 N		ite Av	enu	e
		18 CAUSE OF DEATH (Enter PART). DEATH WAS CAU IMMED! Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, OI	R AS A CONSEQUE	RDII	VD FAIL	u RC		3	AXE INTER PRISET AND	S 2S
	NOIL		Rhei	unatrie	IA	RTH RITIS					
)	CERTIFICATION	190 DATE OF OPERATION 198 COND		TION FOR WHICH	OPERATIO	N WAS PERFORMED			YING CAUSES	WERE FINDINGS USED NG CAUSES OF DEATH?	
7		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LEITHER, NOTIFY MEDICAL EXAMIN	DEATH HOUR A.	M. MONTH DA	21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18				ART 1 OR PART 2)		
	MEDICAL	21d. INJURY OCCURRED WHILE ONT WHILE OF WORK	21e PLACE ((AT HOME, STR	OF INJURY BEET, FACTORY, OFFICE, F	FARM, ETC.) 211 LOCATION STREET CITY OR TOWN COUNTY			COUNTY	ST	ATE	
		22a. I certify that the (this has saw the deceased alive above, (#r(we) (did) (did)	on_8-	15 19	\$ 4.0	28 19 74 nd that in (my) (our) opinion	death occurred on the de	5 ote and hour		that +h (v	,
		22b. SIGNATURE F.	Hartm	an	M.	DEGREE ATTENDING PHYSICIAN	MEDICAL STA	FF IAN	8-1	SIGNED	24
		HYSICIAN'S NAME (TYP	HARTA	IAN.	7.0		ATON AVE		10. MD.	212	29
	23a. B	SURIAL CREMATION, REMOV.	AL 23b. DATE	23c. N	AME OF C	EMETERY OR CREMATORY	23d. LOCATION				

BP.

DHMH - 16 50M 7/77 (VR A 15 (4))

BURIAL 8/18/84 Mount Zion Cem.

Lansdowne,

Md . STATE

BY REGISTRAR 256. REGISTRAR'S SIGNATURE 25a. DATE REC'D.

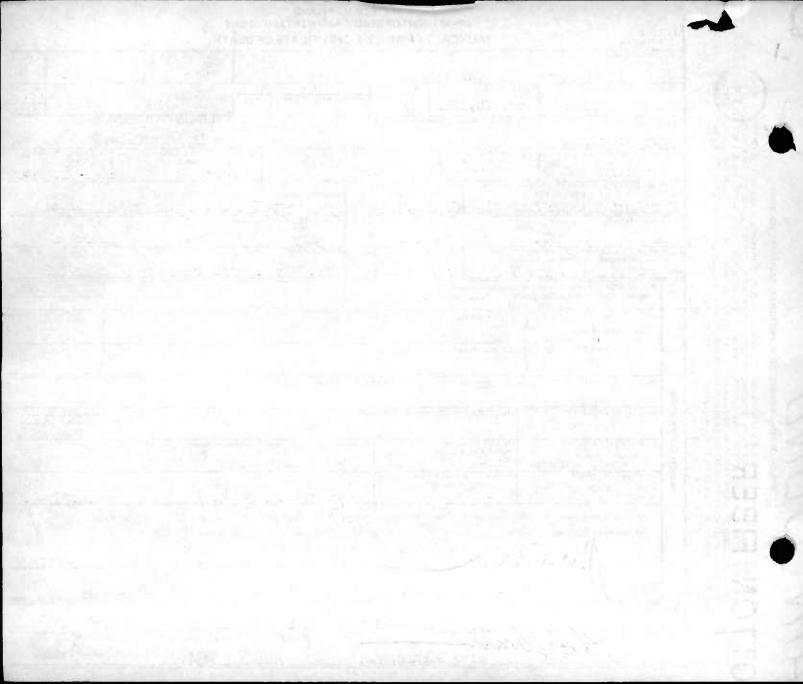
Wm C MArch F/H Inc. 1101 E North Ave.

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Funeral Home Glen Burnie, Md.

(VR A15 ME (5) 20M 4/82 STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



6	July 1	1-	FOR STATE REGISTRAR Michael	DEPART	MENT OF HE	OF MARYLAI ALTH AND M CATE OF DI	ENTAL HYG	IENE O REG. NO	2 (9 4
- p			CEASED NAME FIRST Miche	MIDDLE	AN	ITLIT	Z		nonth day year 080	26 HOUR 4 11 28 Am
		3. SEX	MALE	CAUCASION	S. DATE OF	BIRTH DAY	YEAR	6. AGE (IN YEARS LAST BIRT	HDAY) IF UNDER 1 YE MONTHS DA	
	35		RTHPLACE (STATE OR FOREIGN OUNTRY)	O, S, A	8. MARRIED WIDOWED	NEVER M		9 BALTIMORE CITY OF		
of the best of the	#3		ALTIMORE	11. NAME OF HOSPITAL, NURSI IN NOT IN SUCH FACILITY, GIVE STREE SOUTH BAL	ADDRESS)	OTHER INSTI		120 USUAL OCCUPATION (1YPE OF WORK FOR MOST OF	WORKING LIFET INDUST	of Business OR RY runcy
24 hour	BS	13a. S	IL RESIDENCE (IF NURSING HOME OR TATE 13b. COUN			34 INSIDE CIT	IY LIMITS?	13. STREET ADDRESS /	ZIP CODE B	alto.Md.
of within ripletely and 2 sh	300		THER'S NAME FIRST Chael WINK Hoa	Antlitz		S. MOTHER'S	et c 1	AE MOTON MIDDLE	Korl	LAST
e execute	medical	16a. W	AS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SEC E WAR OR DATES) 217 - 0		RUT		TLITZ IS	212)	
physical popyrical	want, the	Ť	18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	ly one couse per line for (o), (b), o D BY. E CAUSE (o)		na N~	An	rest	APPI BETWE	ROXIMATE INTERVAL EN ONSET AND DEATH
eath cer heading	on, or re umatic e		Conditions, if any, which	DUE TO, OR AS A CONSEQU	IENCE OF	rocare	dial	Infact	· ·	
by the o	other tru		gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQU	7		, ,			
equires that n signed by Then please	to burio njury, or	NO	PART 2 OTHER IGNIFICANT C	CONDITIONS CONTRIBUTING TO		OT RELATED		01	NTION GIVEN IN PART	lia
bee ait.	ows ony	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION	WAS PERFOR	RMED	200 AUTOPSY? YES NO	20b. IF YES, WERE FIN IN CERTIFYING CAUS YES	
IYSICIAN: The Id ding physicion. is certificate has burial-transit per	am 18 she	_	2 TO . ACCIDENT WAS UNDERLYING		AY YEAR	žic HOW INJ	URY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM IS PART I OR PART	2)
HYSII ding is ce	Wer He	DICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY		211 LOCATIO	N		COUNTY	(7)16

(AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)

TO FUNERAL DIRECTOR: After this should be detached for use as the buying the State Dept. of Health and Mi etoined by the hospitol or ottendil O HOSPITAL

OR ATTENDING PHY

DHMH - 16 50M 4/83 (VRA 15, 4)

IMPORTANT: If them 21 is marked or

230. BURIAL, CREMATION, REMOVAL Aug. 13, 1984 (SPECIFY) Burial Mc utty Funeral Home, 130 E. Forets Ave. Balto. 112.

220.1 certify that (I) (this hospital) attended the deceased from sow the deceased alive on 19

sow the decound flive on drawt 9 obove, (1) (we) (did) did not) view the body after death.

NOT WHILE

Jbert

22b. SIGNATUR

224 PHYSACIAN'S NAME

Gandens of Faith (ent.

22e ADDRESS

ond that in (my

DEGREE

MEDICAL STAFF
DIRECTOR PHYSICIAN

CITY OR LOWN

Balto. (o. Maryland

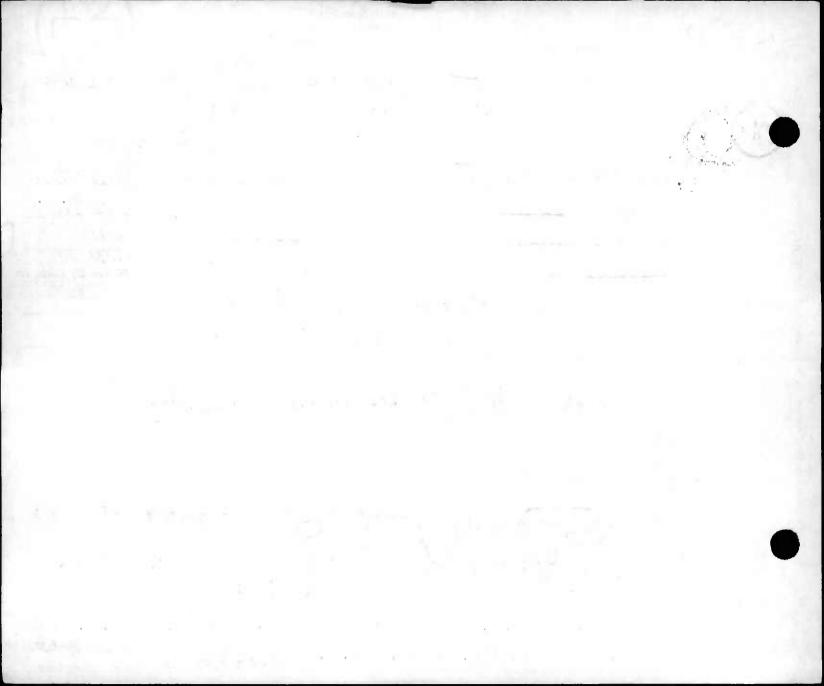
COUNTY

STATE

ATTENDING PHYSICIAN

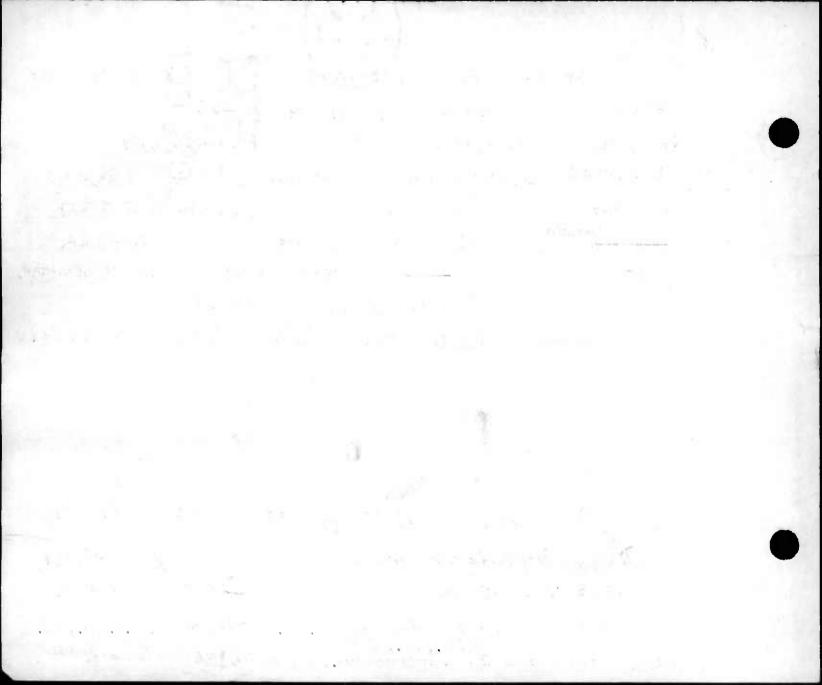
Rossville, AUG 1 4 1984

pinion death occurred on the date and hour and from the couses stated



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Film G594 1 FOR 8/31/ 1 - STATE REGISTRAR	/01	STATE OF MARYLAND PARTMENT OF HEALTH AND MENTA CERTIFICATE OF DEATH		21095
I. DECEASED NAME (TYPE OR PRINT)	FIRST MIDDLE F.	ARROJADO	20. DATE OF CEATH MON	
FEMALE	ORIENTA		*	MONTHS DATS HOURS MIN.
70. BIRTHPLACE (STATE OR Phillipines	Phillipines	MARRIED NEVER MARRIE WIDOWED DIVORCE	D BALTIMORE	CITY MD.
10. CITY OR TOWN OF DE	SO, BALTIMON	LEGENERAL HUSPI	THE RETIRED	RETIRED
MARYLAND	1136 COUNTY 1136 CITY OF	MORE YES DE NO [1 906 CATAWA	GA CT 21227
i i i i i i i i i i i i i i i i i i i	oncio MIDDLE FERR		AUDDLE	GASTADOR
16a. WAS DECEASED EVER	(IF YES, GIVE WAR OR DATES)	L SECURITY NO. 17 INFORMANT PATIENT	1	LTIMORE GEN. HOSP,
Conditions, if one decorption of the conditions of the conse (o) stotic conse (o) stoti	DUE TO, ORAS A CON , which mediate and the property of the pro	dispulmonar ISEOUENCE OF E CURE BOOVER	y arrest Par ischem	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH A GO of Chause Com
	NIFICANT CONDITIONS CONTRIBUTION	IG TO DEATH BUT NOT RELATED TO TH	IE TERMINAL DISEASE OR CONDITK	ON GIVEN IN PART 110
Vicion Vicion		WHICH OPERATION WAS PERFORMED	YES NO	FYES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES \(\text{ NO } \)
OR CONTRIBUTING OF THE FITTER WOTHER WOTHER WED	CAUSE OF DEATH HOUR A.M. MONT (CALEXAMINER)	H DAY YEAR 19	OCCURRED (ENTER NATURE OF INJURY IN	ITEM IB PART I OR PART 2}
AT WORK AI WO	HILE		CITY OR TOWN	COUNTY STATE
bove [lywe]	(this hospital) attended the deceased ed alive on 8-2 did) (did not) view the body after death.	_19	pinion death occurred on the date of	
FBY the hos of the hos	n lugatusn	DEGREE MD ATTEND PHYSIC 220 ADDRESS		× 8/2/84
NEC:	SON LUGO SAN	MOS 3001 50	. HANDVER ST.	BALTIMORE.
BP	ial 8/9/1984	Glen Haven Mem.	Pk. GLEN BURNIESO DATE REC'D. BY REGISTRAR 256.	e. A.A. Co. Md.
OHMH - 16 50M 4/83 (VRA 15, 4) 24. FUNERAL DIRECTOR MC LLLy Fund	enal Homes 237 E.	hrass 1100, 2122)		a Davidson-In



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled should be detached for use as the buriol-transit permit. Then please remove carbanappers. Pages 1974 hould be with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or remayol.

IMPORTANT: If Hem 21 is morked or Item 18 shows any injury, ar other traumatic event, th

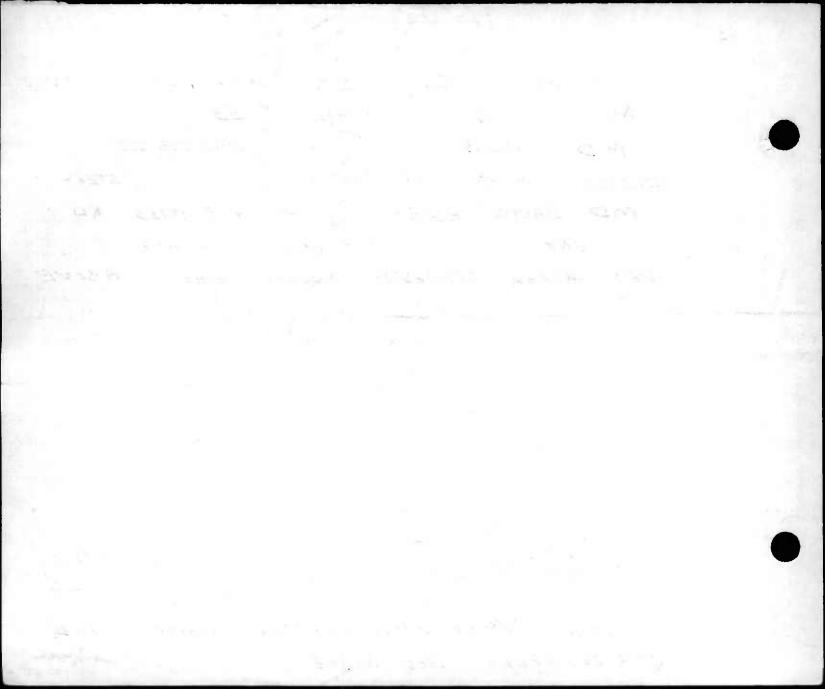
	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH							
FIRST	MIDDLE	LAST	2a DA					
OTIGHOM	/	7 6117	AT					

1.	FOR STATE REGISTRAR	CEKTIFICATE DE DEATH									
	CEASED NAME FIRST		MIDDLE	L	AST	20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR		
(TYPE	HOUSTO	N	C.		ASHE	AUG. 5	,1984		12:10		
1 SE	х	4. RACE		5. DATE C		& AGE INYEARS LAS	BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS		
2	M	L	1	MONTH	1 /4/3/ YEAR	53	YRS.	MONTHS DATS	HOURS MIN.		
	IRTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	8 MARRIE	NEVER MARRIED		_	Y OF DEATH			
mp USA WIDOW						BALTIMORE CITY					
10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME O (ENGUNUE ACUTE OF STREET, SPEETS OF THE				ROTHER INSTITUTION			IFED INDUSTRY				
	BALTIMORE				SPITAL						
	AL RESIDENCE (IF NURSING HOPE OR STATE 136 COUR	OTHER INSTITUTION ALTO	13c CITY OR TOW	N	13d. INSIDE CITY LIMITS? YES NO 1	13 STREET ADDRES	FOLE	S R	D 212		
JA.FA		WIDDLE	LAST		15 MOTHER'S MAIDEN NA/	ME	1	LAS	šī		
	UNK		Total Control Control		ETHEL	45	(A)-)				
	VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (# YES, GIV	E WAR OR DATES)	217-26	5784	MAREARI	ET ASH	E	AB	OVE		
	18 CAUSE OF DEATH (Enter an		line for (a), the am	fice 1	1	-4		APPROX BETWEEN	IMATE INTERVAL ONSET AND DEATH		
	PART I. DEATH WAS CAUSE	D BY: [E CAUSE (a)	Cardio	pull	noncine a	Mas		10-	in ,		
П		DUE TO, O	R AS A CONSEQUE	NCE OF	10	1 4		1			
	Conditions, if any, which (b) waterstade Coon				e Colon	decenon	pre	To			
	gave rise to immediate cause (a), stating the DUETO, OR AS A CONSEQUENCE OF							ŀ			
	underlying couse lost	(c)							12:10 D AR IF UNDER 74 MRS YS HOURS MIN. MD D OF BUSINESS OR RY LAST ROXUMATE INTERVAL EN ONSET AND DEATH SES OF DEATH? NO That I that (I) (we) last the couses stated ME SIGNER STATE STATE STATE STATE		
N O	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TIG										
CERTIFICATION	190 DATE OF OPERATION	19% CONDITION FOR WHICH OPERATION WAS PERFORMED				20a AUTOPSY?	IN CERTIFYING CAUSES OF DEATH?				
E T	210. ACCIDENT WAS UNDERLYING	7 216. TIME C	AE INTIHIDY		1914 HOW INTERPROCEEDING				NO []		
0	OR CONTRIBUTING CAUSE OF DE		M. MONTH DA	YE AR	ZA. HOW HAJORI OCCOR	TED ENTER NATURE OF	MJUKY IN ITEM 18	PARTIORPART?)			
MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER 214 INJURY OCCURRED		M	19	ZII. LOCATION						
MED	WHILE NOT WHILE AT WORK	21e PLACE	REET, FACTORY OFFICE, F	ARM ETC }	STREET	CITY O	RIOWN	COUNTY	STATE		
	220-1 certify that (I) (this haspi	tal) attended th	e_deceased fram_	71	9 1980	8	5	19.84	that (I) (we) last		
	sow the deceased alive an		olter death	841, ar	d that in (my) (our) apinion (AUG. 5, 1984 6 AGE INYEARS LAST BRINDAY) 12 INVORE 1 YEAR IF UNDER 1 YEAR IF UNDER 24 HRS WONTHS DAYS HOURS AND. 120 USUAL OCCUPATION ITYPE OF WORK FOR MOST OF WORKING LIFE) 121 INDUSTRY 122 INDUSTRY 123 STREET ADDRESS / ZIP CODE ME MIDDLE APPROXIMATE INTERVAL BY INVERNOUSE IN AND DEATH BALTIMORE CITY MD 124 KIND OF BUSINESS OR INDUSTRY ADDRESS ADDRESS ADDRESS APPROXIMATE INTERVAL BY INVERNOUSE IN AND DEATH DOWN BY INVERNOUSE IN AND DEATH DOWN 110 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO					
	27h PAGNATURE	1) view the sody	n decini		DEGREE			22s. DATE	INDUSTRY STATE APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH WERE FINDINGS USED VING CAUSES OF DEATH? NO IN IN PART 1:0 WERE FINDINGS USED VING CAUSES OF DEATH? OUNTY STATE COUNTY COUNTY STATE COUNTY COUNTY STATE COUNTY COU		
	war.	Doo	leyns	2	ATTENDING PHYSICIAN	MEDICAL S	TAFF SICIAN X	87			
	224 PHYSICIAN'S NAME (TYPE O	O (G)	, one)	270 ADDRESS	Noph	me	Hosti	tal		
	BURIAL, CREMATION, REMOVAL	236. DATE			EMETERY OR CREMATORY				****		
	(SPECIFY) BURIAL	8/8	184 B	ARDA	ENS OF SAM		-	COUNTY	4 A		
24 FUNERAL DIRECTOR ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS											
J. 15, CONNELLY 300 MACE AUG 8 1984 unachandon fordate											

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DHMH - 16 50M 4/83 (VRA 15, 4)



and completely filled in by the funeral a oges 1,and 2 should be filled within 72 h

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and ci should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages is with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, ar other traumatic event, the

IMPORTANT: If Item 21 is morked or Item 18 shows ony

STATE OF MARYLAND FOR STATE

George A. Weber & Sons Inc. 705 S. Ann St. 21231

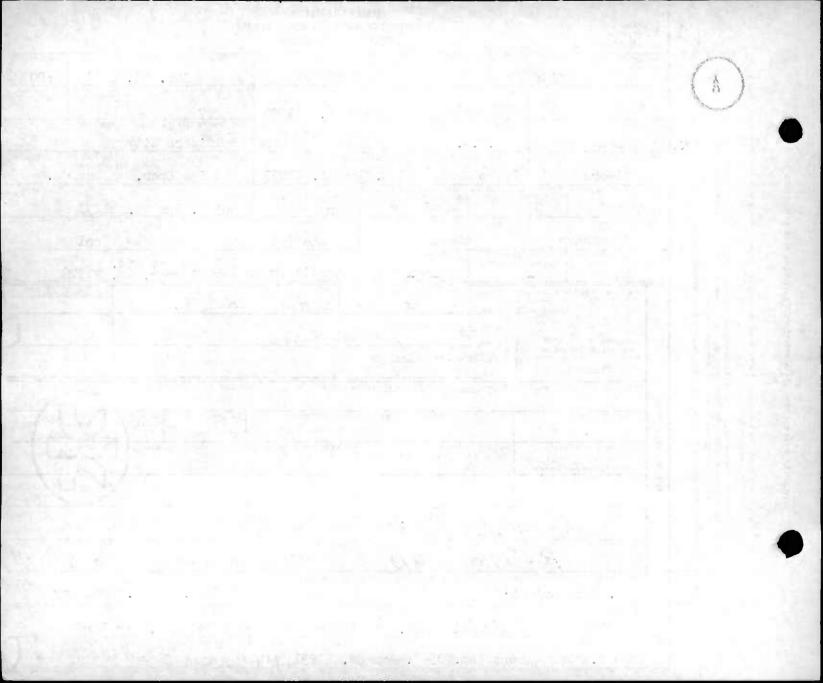
CERTIFICATE OF DEATH

	REGISTRAR			CENTIL	CAILOI	PENTIL		REG. NO).				
	CEASED NAME FIRST		MIDDLE		AST		2a. DATE	OF DEATH A	HTMON	DAY YEAR	26 HOUR		
(,,,,,	MARY			AUC	USTYNI	AK		Aug	. 24,	1984	8:20		
3. SE		4. RACE				YEAR	6. AGE [1	IN YEARS LAST BIRTH	(DAY)	# UNDER 1 YEAR	1F UNDER 24 HRS		
	FEMALE	CAUCAS	IAN			1907		77	YRS	MOINTHS DATS	NOOKS MIN		
	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8. AAADDIE	D NEVER	MARRIED []	9 BALTH	MORE CITY OF	COUNT	Y OF DEATH			
	ryland	U.S.	A.		_		Bal	ltimore	City		M		
10 C	ITY OR TOWN OF DEATH				OR OTHER INS	TITUTION		AL OCCUPATION			OF BUSINESS OF		
	Baltimore	Lemko	House 603	3 S. I	Inn St.	21231		chine O		Can	Co.		
13a.	AL RESIDENCE (IF NURSING HOME STATE 136 CO	UNTY	113c. CITY OR TOW	N	136. INSIDE (NO [S. An	n St.	21231			
14. F.	ATHER'S NAME Alexander	MIDDLE	ewczak			FIRST	ME	WIDDLE		Krol	ST		
	**	ARMED FORCES?	AUGUSTYNIAK CE S. DATE OF BIRTH MONTH DAY YEAR MUCASIAN MARCH 6, 1907 FIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED BAL MARRIED NEVER MARRIED BAL MARRIED NEVER MARRIED	ADDRES	rt. Av	re. id. 2177	76						
=	No		177 07 0	-//	00001	14 11/10	T Met	WILIUS	OI', I'		MATE INTERVAL ONSET AND DEATH		
CERTIFICATION	gove rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICAN 19a. DATE OF OPERATION	t conditions <u>c</u>	R AS A CONSEQUE	DEATH BUT	NOT RELATE	O TO THE TERM		ASE OR COND	20b. IF YE	VEN IN PART I	NGS USED		
T.			-				YES [] NO []		ES 🗌	NO 🗌		
MEDICAL CERT	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF E (# EJTHER, NOTHEY MEDIC AL EXAMINE 21d. INJURY OCCURRED	IBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY NOTIFY MEDICAL EXAMINER) P.M. RY OCCURRED 216. PLACE OF INJURY				19 21L LOCATION							
2	AT WORK AT WORK												
	220.1 certify that (I) (this has saw the deceased alive a above, (I) (we) (did) (did			\$4.0	nd that in (my			orred on the do	te and hou		that (I) (we) los causes stated		
	22b. SIGNATURE	· Sayo	edi Mi	0		PHYSICIAN [MEDIC:	AL STAF	F IAN 🗌	27c DATE	24-89		
	Dr. Reza Saj	adi					tal	Corp. 1	00 N.	Broadv	vay 21231		
23a.	BURIAL, CREMATION, REMOVA						CI	CATION TY OR TOWN		COUNTY	STATE		
	Burial	8/27/	84 St.	Star	nislaus								
	UNERAL DIRECTOR		ADDRESS				E REC'D. B						
G	eorge A. Weber	& Sons Ir	c.705 S.	Ann !	St. 212	231 116	100	4004	whank	lavidson-1	andelle		

DHMH-16 60M 1/73

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician.

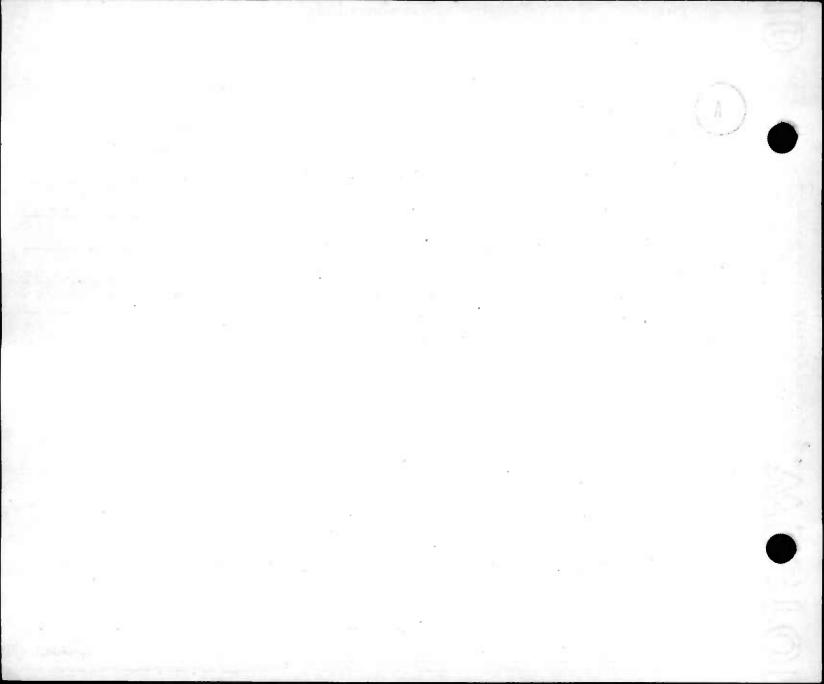
(VR A 15 (4))



TO HOSPITAL CONTENDING PHYSICIAN The law requires that the death certificate be executed within 24 hours affile retained by the hospital or attending physician.

,	4		FOR STATE REGISTRAR	DI	STATE OF MARYLAND EPARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 4	2 1 0 9 8
	ne		I. DECEASED NAME FIRS		LAST	26 DATE OF DEATH MON	18. 1100K
o An	-	•		uard R.	Austin	8	29 84 M
	(1)	1)	3 SEX Male	RACE	5 DATE OF BIRTH MONTH 18 GAY 12 YEAR	6 AGE (IN YEARS LAST BIRTHDAY	MONTHS DAYS HOURS MIN
edill. Po	n 72 o	3	76 BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COL	MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore	
S OTTIER O	by the filled	notified	Baltimore	I IF NOT IN SUCH EACHLITY, GI	NURSING HOME OR OTHER INSTITUTION VE STREET ADDRESS) elstertown Rd.	120. USUAL OCCUPATION ITYPE OF WORK FOR MOST OF WO STEELWOOTK	RIKING LIFE) 126 KIND OF BUSINESS OR INDUSTRY
74 nooi	filled in rould be	must be	USUAL RESIDENCE (# HURSING HO 130 STATE Md . 136 C	ME OR OTHER INSTITUTION, GIVE RESIDEN 13c. CITY O		13e STREET ADDRESS. 2523 Rels	tertown Rd.
e e	completely	exominer	14 FATHER'S NAME FIRST James	N. Aus	asi first Martha	AME	Stokes
e execu	Pages	medicol	160 WAS DECEASED EVER IN U.: {YES, NO OR UNKNOWN} IF YE	S. ARMED FORCES? 166 SOCIA S, GIVE WAR OR DATES)	AL SECURITY NO 17 INFORMANT Margaret A	ADDRESS .Hill 424 N	ew Pittsburg Ave
The death certificate	the attending physici remove carbanpaper ematian, or removal	ar ather traumatic event, the	PART I. DEATH WAS C. IMMI Canditions, if any, whic gave rise to immedial cause (a), stating it	DUE TO, OR AS A COL	LL CATOLOC NSEONENCEOF	arrest	APPROXIMATE INTERVAL INTE
v requires mon	neen signed by nit. Then please nor to buriol, cr	any injury, ar ath	PART 2 OTHER SIGNIFICA 19a DATE OF OPERATION 21a ACCIDENT WAS UNDERLYIN	LUT CONDITIONS CONTRIBUTIN	NG TO DEATH BUT NOT RELATED TO THE TER		ON GIVEN IN PART 1(a)
on o	hos b t perm ene pr	3	JI J	172 CO. CO. CO. CO.	WINE OF EXAMINITY WAS TENTONINED	YES NO NO	CERTIFYING CAUSES OF DEATH? YES \(\bigcup \text{NO} \(\bigcup \)
g physic	ertificate ial-tronsit intol Hygie	Hem 18 sh		DE DEATH HOUR A.M. MON	TH DAY YEAR 19	RRED (ENTER NATURE OF INJURY IN I	ITEM 18. PART 1 OR PART 2)
affendin	ter this case the build we hand Me	morked or h	OR CONTRIBUTING CAUSE OF THE PROPERTY MEDICAL EXAM 21d, INJURY OCCURRED WHILE NOT WHILE AT WORK	210 PLACE OF INJURY LAT HOME, STREET, FACTORY,	OFFICE, FARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
spital or	for use a of Health	21 15	saw the deceased aliv	haspital attended the deceased to an authority of the bady after death	4 19 and that in (my) (our) apiniar	death occurred air the date o	, 19 that (I) (we) last and hour and Iram the causes stated
the hos	AL DIREC detached ate Dept	IT: If hem	176 SIGNATURE PO	Hum ?	DEGREE ALLENDING	MEDICAL STAFF DDIRECTOR PHYSICIAN	272. DATE SIGNED 84
etained by	TO FUNERAL should be det with the State	PORTAN	79 PHYSICIAN'S NAME (2427 DUNDALK AD 21222	4 44 70	-/-/
P € BP_	743	3	230 BURIAL, CREMATION, REMO (SPECIFY) Burial		136 NAME OF CEMETERY OF CREMATORY King Mem. Park	23d LOCATION Balto	CO. Md.
	MH-16 2		24 FUNERAL DIRECTOR Chatman-Hari	ris FH 1701 P	Culloh Street S	TE REC'D. BY REGISTRAR 256.	REGISTRAR'S SIGNATURE

STATE OF MARYLAND



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral disshauld be detached for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 shauld be filled within 72 has with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

IMPORTANT: If Hem 21 is marked or Item 18 shows any injury, ar other traumatic event, the

STATE OF MARYLAND

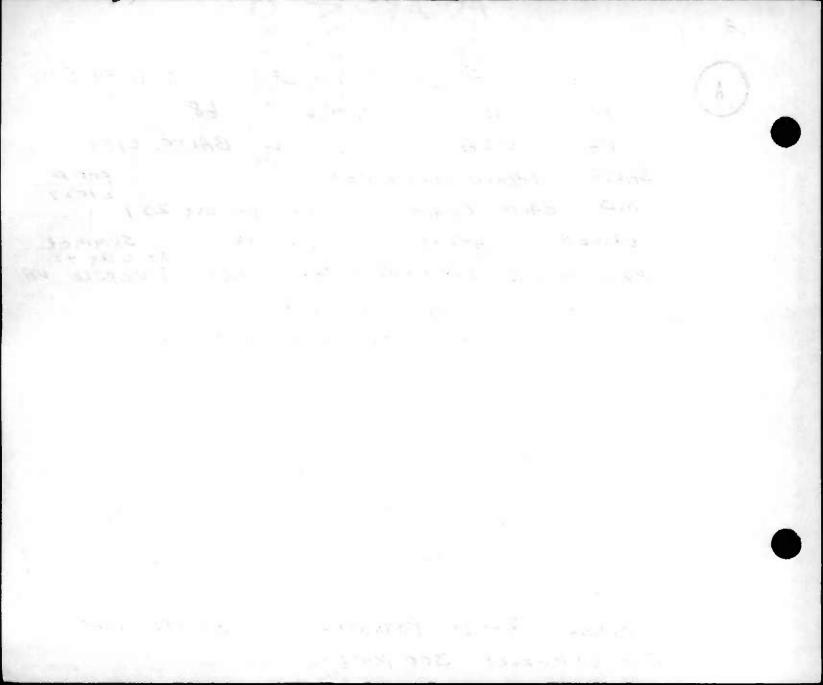
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Ca.

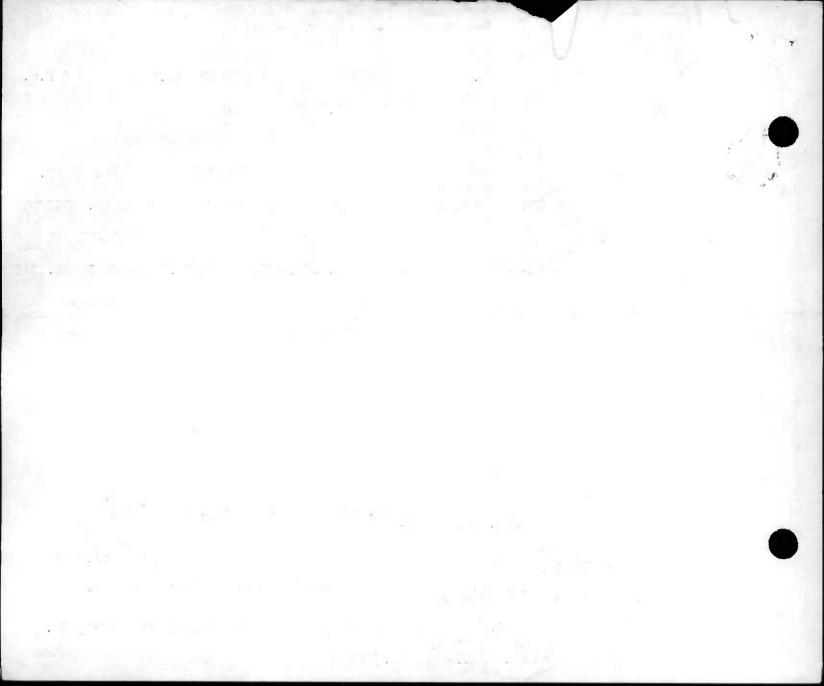
ı	I -	STATE REGISTRAR				CERTIF	ICATE OF DEATH		REG. NO	D.			
		CEASED NAME	FIRST	A	AIDDLE	L	AST	20		MONTH	DAY YEAR	26 H	OUR
ı	() TPE	OK PRINT)	Lec		5	/	Hyers -	SR		8	19 84	15	:31 am
3	. SEX			4. RACE		5. DATE C		6.	AGE (IN YEARS LAST BIRT	HDAY)	MONTHS DAY		DER 24 HRS
L		m		u		MONTE	1/19/16		68	YRS			
7		RTHPLACE (STATE OR FO	ORE IGN	76. CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9.	BALTIMORE CITY O	R COUN	TY OF DEATH		
		VA.		VS	A	WIDOWE	DIVORCED	1	BALT	10.	CIT		MD.
F	0 CI1	TY OR TOWN OF DEA	TH		OSPITAL, NURSIN		ROTHER INSTITUTION		TYPE OF WORK FOR MOST OF				INESS OR
L	2	BALTO.			IS SCO	77	KEY				50	001	<u> </u>
		TATE	NG HOME OR		13c. CITY OR TOW		134 INSIDE CITY LIMIT	S? 13	STREET ADDRESS	ZIP COI	DE 2	102	7
Ļ		1417	* B	ALTO	CHASE		YES NO		po Box	2	5/		
ľ	4 FA	THER'S NAME	50	MIDDLE	LAST		15 MOTHER'S MAIDEN		MIDDLE			IAST	-1
1	4 1	OLIVE		UED FORESCO	9YERS	DITY NO	17 INFORMANT	1 6	ADDRE ADDRE	CC /2	SUM	ME	~ {
ľ		AS DECEASED EVER		E WAR OR DATES)	166. SOCIAL SECU	6587	Pa Pan		21.00	SSRT	2 150	r 4	2
F	_	YES	Wh	111	220 /		NUDERI		47ERS	5//	V CAST	OXIMATE IN	NITERVAL
ı		18 CAUSE OF DEATH PART I. DEATH W.				,		.,			BETWEE	N ONSET	AND DEATH
ł	- 1		IMMEDIAT	E C AUSE (a)	respi	rator	y arres				_		
۱	п			DUE TO, OF	R AS A CONSEQUE	NCEOF	e oat cl	11	en all.				
ı		Canditions, if any, gave rise to imm	nediate	(b)	Meta	STAM	e out w	LL C	17 of 100	J.			
ı		couse (a), stating underlying cause	~	DUE TO, OI	R AS A CONSEQUE	ENCE OF							
ŀ		PART 2 OTHER SIGN	HEICANT C	ONDITIONS CO	ONTRIBUTING TO I	DEATH BUT	NOT RELATED TO THE	TERMIN	ALDISEASE OR CONE	DITION G	IVEN IN PART	lia	
ı	Z O	The E office store			, , , , , , , , , , , , , , , , , , ,	20.							
1	CERTIFICATION	190 DATE OF OPERAT	ION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED		20s AUTOPSY?		ES, WERE FINE		
1	TEK								YES NO		YES [) []
1	E.	218. ACCIDENT WAS UND		21b. TIME O	FINJURY M. MONTH DA	AY YEAR	21c. HOW INJURY OC	CURRED	(ENTER NATURE OF INJUR	RY IN ITEM IE	B PART I OR PART ?	ì	
1	CAL	OR CONTRIBUTING C		1177		19					_		
ı	MEDICAL	21d. INJURY OCCURR		21a PLACE	OF INJURY	ARM ETC 1	211 LOCATION STREET		CITY OR TO	WN	COUNTY		STATE
ı	2	AT WORK AT WOR	RK .										
ı		228.1 certify that (1)		01		81	12, 19	84	., to	19	. 19.84		1) (we) last
ı		saw the decease above, (I) (we) (d					nd that in (my) (aur) opi	inian dec	oth occurred an the do	ate and h			
ı		226. SIGNATURE	1 1	A			DEGREE ATTENDIN	NG.	MEDICAL STAF	F	22c. DA	TE SIGNI	[D
1			Th	2 12	pgoca		PHYSICIA		DIRECTOR PHYSIC		18	119	184
I		224 PHYSICIAN'S NA			,		22e ADDRESS	STE	ERN AVE	B	OTO.	NO.	7-1970
ļ		(741		GOLD					-	/			
		URIAL, CREMATION,	REMOVAL	23b. DATE	23 (. 1		EMETERY OR CREMATO	ORY	23d LOCATION		COUNTY	>	STATE
1	24 51	BURIA	17	10/24	184	MIKK	MOOD	DATE	EC'D BY REGISTRAR	25h PEGI	STDAP'S SICAL	ATIPE	
	e4 FL	INERAL DIRECTOR	0 111	100.1	ADDRESS O	a 1.	4 0 0			230 KEGI	SIRAR S SIGN	ATURE	
		V. O. C	011	VELLY	20	P 14	ACE	AUG	4 1 1084	Trelia.	Maril	70	10.00

DHMH - 16 50M 4/83 (VRA 15, 4)

etained by the haspital or attending physician



,	1 -	FOR STATE REGISTRAR	DEPART	MENT OF H	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO.	2 1	100
		CEASED NAME FIRST	MIDDLE	L	AST	20 DATE OF DEATH MO	ONTH DAY Y	EAR 26. HOUR
deoth deoth	(MOSES	L		AER		,1984	1 P.M _M
	3. SE		4. RACE	5. DATE C	NE 21.1904	6 AGE (IN YEARS LAST BIRTHD)		DAYS HOURS MIN.
(11)	-	RTHPLACE (STATE OR FOREIGN	WHITE 76. CITIZEN OF WHAT COUNTRY?		NE 21.1904	9 BALTIMORE CITY OR C	YRS. OF DEA	TH
A Alegan	MA	RYLAND	USA	WIDOWE		BALTIMOR	RE CITY	MD.
by the	BA	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSII (IF NOT IN SUCH ACUITY GIVE STREET	ADDRESS) HO	OSPITAL	EDUCATOR	ORKING 1/FE) 12b. K INDU BI	OF ED.
.5 o a / 1		STATE 138 dC	OR OTHER ASTITUTION, GIVE RESIDENCE BEFOR		13d. INSIDE CITY LIMITS? YES NO	13 STREET ADDRESS SZ 2432 FOREST	P GREEN F	RD. (21209)
completely filled	14 FA	L'OUIS	MIDDLE BAER ST		CELTA	WIDDIE	PETR	ICËŘ
Poges 1	16a V	VAS DECEASED EVER IN U.S.	ARMED FORCES? 166 SOCIAL SECTION OF SOCIAL SECTI		MRS. DORIS S	SCHEIR 2432 F	OREST G	
physicio inpopers imovol.		PART I. DEATH WAS CAL	only one couse per line for (0), (b), a USED 8Y: PATE CAUSE (a)	ESP	ARREST			APPROXIMATE INTERVAL TWEEN ONSET AND DEATH 3 Days
d by the attending leose remove corbo iol, cremotion, or re or other troumotic e		Conditions, if ony, which gove rise to immediate couse (0), stating the underlying couse last.	DUE TO, OR AS A CONSEQU		PONTINE BLEED			7 Days
signed then pleo to buriol	NO	PART 2. OTHER SIGNIFICAN	TCONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDIT	ION GIVEN IN P	ART Iro
permit. I	CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR WHICH	H OPERATIO	N WAS PERFORMED	280 AUTOPSY? 2	NO IF YES, WERE	FINDINGS USED AUSES OF DEATH? NO
ol-tronsit		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR A.M. MONTH D	AY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY II	NIIEM IS PART I ORP	ART 2)
ond Mer	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	4 COU	NIY STATE
TOR: Aft for use or of Health 21 is mor		sow the deceased alive	on Aug. 15,	Aug 84	nd that in (my) (our) opinion in	, ta Aug. 15 death occurred on the date	19 <u>84</u> ond hour and fro	, that (I) (we) last
RAL DIREC detoched tote Dept. NT If Item		22b. SIGNATURE	tmp		DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIA		8/16/84
TO FUNERAL D		Dr. alex	Harmatz		Sinai Hos	-	timore, M	Md.
F # 3 ≤		BURIAL, CREMATION, REMOV			EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNT	
P		BURIAL	8/16/84 SE EVINSON & BROS	IAAREI	TFILOH CEM	BALTIMORE,		
- 16 50M 4/83 /RA 15, 4)	6	010 REISTERSTO	WN RD. BALTIMORE,	MD.(JG 2 1 1984		son-Randell



STATE OF MARYLAND

8	A REG. NO	2	1	e-creptus e-creptus	0	
TE OI	DC ATLL		D. A.M.	NE + D		

r	FOR STATE REGISTRAR		DEPART		IEALTH AND MENTAL HYG FICATE OF DEATH	IENE 8	REG. NO.	1 1	0 1
ħ	1. DECEASED NAME FIRST		AIDDLE	ı	LAST	20. DATE OF		DAY YEAR	26 HOUR
ı	(TYPE OR PRINT) ARTHUE	2	H.	BAT	T.EV	1	C TRUSE	2 1984	445 AM
ŀ	3 SEX	4. RACE	.11.	5. DATE C	OF BIRTH	& AGE IN YE	ARS LAST BIRTHDAY)	IF UNDER TYEAR	
I	MALE	WHI	TE	06			78 YRS.	MONTHS DAYS	HOURS MIN.
ŀ	To. BIRTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	8		9 BALTIMO	E CITY OR COUNTY	OF DEATH	
ı	MARYIAND.	U.S	Δ	WIDOWE			RAI	Honore	Coty MD
t	10 CITY OR TOWN OF DEATH	11. NAME OF	IOSPITAL, NURSI	NG HOME C	OR OTHER INSTITUTION		CCUPATION		OF BUSINESS OR
	Baltimere	Sauth	RATE	ADDRESS)	count Horate		FOR MOST OF WORKING LIF		SPORTATIO
	USUAL RESIDENCE (IF NURSING HOME OF 130 STATE 136 COL		GIVE RESIDENCE BEFOR	E ADMISSION)			DODESS / ZID CODS	COWAN	& CO.
	MARYLAND	JN11	13c. CITY OR TOV		YES V NO		PARKSLEY A		21230
t	14 FATHER'S NAME			1 1 T	15. MOTHER'S MAIDEN NA			1	
	ARTHUR	MIDDLE	BAILEY	7	EMMA		MIDDLE	HAR	RRISON
t	160 WAS DECEASED EVER IN U.S. A		166 SOCIAL SECT	URITY NO.	17. INFORMANT		ADDRESS	212	227
I	NO (IF YES, C	GIVE WAR OR DATES)	216-09-	6391	LILLIAN M.	HOLSEY	2909 NEW	YORK A	VENUE
F	18 CAUSE OF DEATH (Enter of	anly ane cause per	line far (a), (b), ar	nd Ic				APPRO: BETWEEN	XIMATE INTERVAL ONSET AND DEATH
ı	PART I. DEATH WAS CAUS	SED BY: ATE CAUSE (a)	1	omly	MARY ARRES	st			
١	IMMEDIA		R AS A CONSEOU		VAIL		Sec. 1		
ı	Canditions, if any, which	(b) (meta= to	Atic.	CARCINGMA S	of the	si smaid	61	veeks
I	gave rise to immediate cause (a), stating the	DUE TO O	R AS A CONSEQU	IENCE OF					
١	underlying cause last.	(c)	NAO A COMBEGO						
Ī	PART 2. OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE	OR CONDITION GIV	EN IN PART 1	la
ı	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING								
1	190 DATE OF OPERATION	196. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTO	PSY? 20b. IF YES	S, WERE FIND	
	E JULY 14 1984	Remo	t 10 lav	imor	URINARY DRAINA	YES [S 🗌	NO 🗌
1	21a. ACCIDENT WAS UNDERLYING	216. TIME O	F INJURY T	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NAT	URE OF INJURY IN ITEM 18 P	PART I OR PART 2)	1990
ı	OR CONTRIBUTING CAUSE OF D	EAIH		19					
ı	(IF EITHER, NOTIFY MEDICAL EXAMIN 21d, INJURY OCCURRED	21e PLACE	OF INJURY	F. D 516 1	21f. LOCATION		CITY OR TOWN	COUNTY	STATE
1	WHILE NOT WHILE	(AT HOME, SIN	REEL, PACTORY, OFFICE,	FARM, ETC.)	SINCE				
١	220 I certify that (I) (this has	pital) attended th			3 , 19 54	, toA	00 23	19 54	, that (I) (we) last
1	saw the deceased alive a abave, (I) (we) (did) (did a	nat) view the bady	after death	P2 . 01	nd that in (my) (our) apinion	death accurred	d an the date and hav	or and from the	e causes stated
1	226. SIGNATURE				DEGREE	1757		22c DATI	E SIGNED
ı	Harold &	Dun TA	D m.p		ATTENDING PHYSICIAN	MEDICAL DIRECTOR [STAFF PHYSICIAN	Time	196
1	224 PHYSICIAN'S NAME TYPE	OR PRINT)	,		22e ADDRESS	600		0	
1	HAROLD B	LUMENT	that mi	0	3001 S. H/	SNOVER	- St Bolt	muke	Md 2123
T	230. BURIAL, CREMATION, REMOVA	L 23b. DATE) 23c	NAME OF C	CEMETERY OR CREMATORY	23d. LOCA			47.76
	BUR IAL	08-25-	-84 N	VESTER	N CEMETERY		IMORE CIT	Y	MARYLAN
-10									

DHMH - 16 50M 4/83 (VRA 15, 4)

TO HOSPITAL OR ATTENDING PHYSICIAN: The low

should be detoched for use as the burial-transit permit. Then please remove carban pape with the State Dept. of Health and Mental Hygiene prior to burial, cremation. or removal

IMPORTANT: If Item 21 is marked or Item 18 shows any

PA FUNERAL DIRECTOR 21229
HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.

e and world's the dish A STATE OF THE PARTY OF THE PAR

PHYSICIAN The law

retained by the hospital or attending physician ATTENDING

TO HOSPITAL OR

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and campletely filled in the the should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filled with the State Dept of Health and Mental Hygiene prior to burial, cremation, ar removal

STATE OF MARYLAND

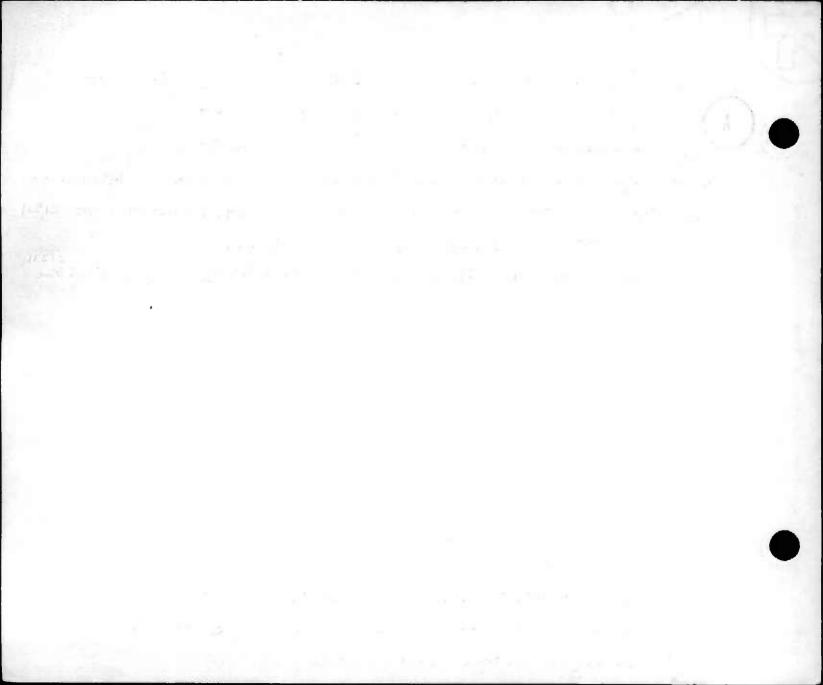
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2

10	1-	FOR - STATE REGISTRAR	DEPARTI		EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO.	60	(0 4
7		CEASED NAME FIRST	WIDDLE	I	AST		ONTH DAY	YEAR	2b HOUR
		GORDO			AILEY		8-8		105 AM
	3. SE	X	4 RACE	5. DATE C		6. AGE (IN YEARS LAST BIRTH	DAY) IF U	NDER I YEAR	IF UNDER 24 HRS HOURS MIN.
)		M	W	12.	5-1919	64	YRS		
1.	7a. Bi	RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIE	NEVER MARRIED	9. BALTIMORE CITY OR	COUNTY OF	DEATH	
6/1	30	OUTH CAROLINA	U.S.A.	WIDOWE		BALTIMORE			MD.
144		ITY OR TOWN OF DEATH LTIMORE CITY	11. NAME OF HÖSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET UNION MEMORI	ADDRESS]		TIZE USUAL OCCUPATION	VORKING LIFE)	NACH	FBUSINESS OR
and see		AL RESIDENCE (IF NURSING HOME OR STATE 13b COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFORE ITY 134 CUTY OR TOWN	E ADMISSION) /N	YES 💢 NO 🗌			- 1	E. 21211
-xamine	14. FA	ATHER'S NAME FIRST	BAILEY		15 MOTHER'S MAIDEN NAI	ME MIDDLE		LAS	1
medical			MED FORCES? 166 SOCIAL SECULAR OR DATES) 218-03-		Mrs. Hazel M	Bailey - 31		hestn	21211 ut Que
, th		18 CAUSE OF DEATH (Enter on	ly one couse per line for (o), (b), an	id (ci.)	1			BETWEEN	MATE INTERVAL DISET AND DEATH
ven			E CAUSE (D) Cardle	ac 1	rrest				
raumatic		Conditions, if ony, which gove rise to immediate	DUE TO, OR AS A CONSEQU	ence of	Myocardial)	Enfarction			
ar ather traumat		cause (a), stating the underlying cause lost		marc					
injury, o	NO N	1	Previous MI'S, C	OPD	NOT RELATED TO THE TERM	INAL DISEASE OR CONDI	TION GIVEN	IN PART II	
Swo 2	RTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	n was performed		20b IF YES, W IN CERTIFYIN YES		
d 3	ü	21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONTH D	AY YEAR	21c HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY	IN ITEM 18 PART	OR PART ?)	
arked or	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (ATHOME STREET FACTORY OFFICE O	FARM ETC 1	211 LOCATION	CITY OR TOW	N	COUNTY	STATE *
E			attended the deceased from _ 8 R 19	84 . ar	19 64 and that in (my) (GU) opinion (death occurred on the date	e and hour an	- 1	that (1) @ lost couses stated
IT: If her		226 SIGNATURE	of John	MD	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIA		22c DATE	8/84
MPORTANT: If Hem 21		ALICIA COOL-			22e ADDRESS UNION MEMO	RIAL HOSPI	TAL		
_ ≤		BURIAL, CREMATION, REMOVAL ISPECIFY) BURIAL		OCDL	EMETERY OR CREMATORY	23d LOCATION CITY OF TOWN BALTO	Mo"	DUNIY	STATE
4/83	24 FI	UNERAL DIRECTOR	eral Hong - 38			E REC'D BY REGISTRANTO		SSICIPAT	VE 00

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.



STATE OF MARYLAND FOR STATE REGISTRAR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE S
CERTIFICATE OF DEATH

- 1									REG. N	O.				
I		CEASED NAME OR PRINT)	FIRST		MDDLE	Bo	AST L	2a. DA	TE OF DEATH	MONTH /3-	OL/	YEAR	25 HOU	25
1	3 SE)		neres	RACE		5. DATE C	ner DE BIRTH	6 AGE	(IN YEARS LAST BI	, ,	IF UNDER	R I YEAR	IF UNDER	M 24 HRS
	7	Female		Whit	e	Marcl		48	3	YRS	MON1H5	DAYS	HOURS	MIN,
1		RTHPLACE (STATE OR FO	OREIGN 7b	CITIZEN OF V	WHAT COUNTR	Y? 8.	D NEVER MARRIED	9. BAL	TIMORE CITY O		Y OF DE	ATH		
2		Kentucky		U.S.	A.	WIDOWE			ity					MD.
		TY OR TOWN OF DEAT Baltimore	TH		OSPITAL, NURS		prother institution Penter	(TYPE O	SUAL OCCUPAT DE WORK FOR MOST (TICE WO	OF WORKING I	LIFE) INDI		BUSINE	SSOR
5	13a. S	AL RESIDENCE (# NURSI TATE Aryland	O.A.		GIVE RESIDENCE BEF 13c. CITY OR TO Cheste	NWC	13d. INSIDE CITY LIMITS		REET ADDRESS O. Box		DE 2	1619	9	
9	1	THER'S NAME FIRST Pin		DLE	tast	Ţ.	15. MOTHER'S MAIDEN FIRST Margare					LAST		
		VAS DECEASED EVER I	(IF YES, GIVE W		16b. SOCIAL SE		17 INFORMANT		ADDR	ESS				
		No			219-32	2-5048	Theodore	Sattel	maier,	Chest			2161	_
		Conditions, if any, gove rise to imm cause (a), stating underlying cause	ediate g the last.	DUE TO, OR (b) DUE TO, OR	AS A CONSECUTION OF THE PARTY O	DUENCE OF	el . 657	hunt meso	Telia	nci				
1	NO	PART 2. OTHER SIGN	4 che		NTRIBUTING T	O DEATH BUT	NOT RELATED TO THE T	ERMINALDI	ISE ASE OR CON	IDITION G	IVEN IN P	ART Ita		
1	MEDICAL CERTIFICATION	19a DATE OF OPERAT			TION FOR WHI	CH OPERATIO	N WAS PERFORMED	20a YES	AUTOPSY?	IN CERT	ES, WERE IFYING C			TH?
1	CAL CER	210. ACCIDENT WAS UNDER OR CONTRIBUTING CO (IF EITHER, NOTIFY MEDIC	AUSE OF DEATH	HOUR A./	M. MONTH	DAY YEAR	21c. HOW INJURY OCC	CURRED (EN	HER NATURE OF INJU	JRY IN ITEM 18	PART I OR F	PART 2)		
	MED	21d. INJURY OCCURR WHILE NOT WHI AT WORK AT WORK	LE []	21e. PLACE C (AT HOME, STR	OF INJURY EET, FACTORY, OFFIC	CE, FARM, ETC)	211 LOCATION STREET		CITY OR TO	NWC	cou	NIA	S	STATE
		22a. I certify that (1) (saw the decease above, (1) (we) (di 22b. SIGNATURE	d alive an	8/13	19	84 , or	nd that in (my) (our) apin DEGREE ATTENDING PHYSICIAN	G _ MED		FF _	our and fro	om the o	hot (I) (rouses storighted)	
		22d PHYSICIAN'S NA	ME (TYPE OR P	DHI	K		22e. ADDRESS	. 4.)	de Tan	heef.	(ent	tv.		
	(BURIAL, CREMATION, F	REMOVAL	23b. DATE			EMETERY OR CREMATO		LOCATION		COUNT			STATE
		Burial UNERAL DIRECTOR		08/15	0/04	Steven	sville Ceme	TATE REC'D	Stevens			A.	M.	D
	14.5	om Helfenbe	in Fur	neral H	omes, C	hester		JG 1 7	1984	1	ณานาดา	-12	ndelle	

DHMH - 16 50M 4/83 (VRA 15, 4)

MPORTANT, IF IN

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STATE OF MARYLAND

	(12) 3			13
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) 1.	FOR - STATE REGISTRAR		DEPART		EALTH AND MENTAL HYG ICATE OF DEATH	IENE 4	0.	0 4
	CEASED NAME	FIRST	MIDDLE	L	AST	20 DATE OF DEATH	MONTH DAY YEA	AR 26 HOUR
(1YP	E OR PRINT)	alter	7	Ban	ina	1111	8/25/8	4 3:30m
3. SE	Y	IA P	ACE	5. DATE O		6. AGE IN YEARS LAST BIR	THDAY) IF UNDER 1 Y	TEAR IF UNDER 24 HRS.
3. 30	male		Black	MONTH		69	YRS.	AYS HOURS MIN.
	COUNTRY) M C	OREIGN 7b. (CITIZEN OF WHAT COUNTRY		NEVER MARRIED DIORCED	9 BALTIMORE CITY O	OR COUNTY OF DEATH	MD.
10 0	Bultimu		NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREET	T ADDRESS)	nother institution	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST O		ND OF BUSINESS OR TRY
	STATE AND THE NURS	136. COUNTY	ER INSTITUTION, GIVE RESIDENCE BEFORE 13c. CITY OR TOV		13d. INSIDE CITY LIMITS?	130.STREET ADDRESS	Arg VIE A	he /2/2/7
14. F	ATHER'S NAME	MIDO	~		15. MOTHER'S MAIDEN NA	ME	0/	LAST
160	WAS DECEASED EVER	IN IS ARMED		URITY NO	17. INFORMANT	ADDR	ESS	(301)
	(YES, NO OR UNKNOWN)	(IF YES, GIVE WA		-4029	Cynthia Le	wrs	phone	(301) 644-9187
z	Conditions, if ony, gave rise to improve (a), stotic underlying couse	nediote og the lost.	Ib) NO TO-ST DUE TO, OR AS A CONSEQU IC)		Squamous NOT RELATED TO THE TERM	(III CO	UCONCONO L	RT Tra
2	HYG	encol	cemia				Ton source surpress	ID III II
CERTIFICATION	190 DATE OF OPERA	TION	196. CONDITION FOR WHICH	H OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206, IF YES, WERE FILL IN CERTIFYING CAU YES	
	210. ACCIDENT WAS UNI OR CONTRIBUTING (IF EITHER, NOTIFY MEDI	CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. MONTH D P.M.	DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	JRY IN ITEM 18 PART I OR PAR	1 2)
MEDICAL	21d. BNJURY OCCUR	HILE	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	, FARM, ETC)	211 LOCATION STREET	CITY OR TO	TAUO) NWC	Y STATE
	sow the deceas	ed alive an	ew the body after death	/	nd that in (my) (our) opinion	deoth occurred on the	late and hour and from	, that (I) (we) last the causes stated
	22h SIGNATURE	Lyal	finell	n	ATTENDING PHYSICIAN [MEDICAL STA	FF A.	PATE SIGNED
	G	1664	Fromell	mn	Univ. nd.	Hosp. 22	s. Green	St. Ball

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and cal should be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remaval. TO HOSPITAL OR ATTENDING PHYSICIAN: The law retained by the haspital ar ottending physician. BP

and campletely filled in by the funeral direct ages 1 and 2 should be filed within 72 hours

requires that the deoth certificate be executed within 24 hours after deoth. Page

DHMH - 16 50M 4/83 (VRA 15, 4)

PID. DATE 23m BURIAL 3084 24 FUNERAL DIRECTOR

CREMATION

230 NAME OF TEMETERY OR CREMATORY

23d LOCATION

250. DATE REC'D. BY REGISTRAR 2519 REGISTRAR'S SIGNATURE AUG 27

FOR - STATE	DEPARTMENT OF HEA	C CERTIFICATE OF BEATH	1 ! 0 5
	MEDICAL EXAMINER	KEO. INC	
TYPE OR PRINT)	ra	OF ESTI-	
	5 DATE OF BIRTH 6 AGE (IN YEARS	FUNDER 1 YR. IF UNDER 24 HRS. 2c. DATE	MONTH DAY YEAR 24 HOUR
Female Black			8 18 1984 8:09
BIRTHPLACE (STATE OR	76 CITIZEN OF WHAT COUNTDYS	9 BALTIMORECITY O	R COUNTY OF DEATH
			City, MC
Baltimore Baltimore	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	FOR MOST OF WORKING LIFE)	OF WORK 17% KIND OF BUSINESS OR INDUSTRY
STATE 136 COUN	TY 13c. CITY OR TOWN	13d INSIDE (ITY LIMITS? 13e. STREET ADDRESS YES x NO 5408 Relcre	21206 est Rd.Apt.F
FATHER'S NAME	<u> </u>	15. MOTHER'S MAIDEN NAME	LAST
George	Banks	Carol	Brown
	WAR OR DATES]		uff in the same
NO OV	N/A	Carol Brown 5408 Rel	
			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIAT	E CAUSE (o) Sudden Infant de	eath syndrome	
Canditians, if any, which	DUE TO, OR AS A CONSEQUENCE OF		The state of the s
gave rise to immediate	(b)		
lying cause last.	DUE TO, OR AS A CONSEQUENCE OF		
PART 2 DTHER CIGNIFICANT CONDITIONS	(c)	ICEACE DE CONDITION CIVEN IN BADY I	
	CONTRIBUTION TO SEATH RUT HOT RELATED TO THE TERMINAL	ISEASE DE CONDITION OIVEN IN PART TIO	
190. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATIO	N WAS PERFORMED?	20 AUTOPSY?
			YES X NO
210 EXTERNAL CAUSE WAS	716 TIME OF INJURY	IL HOW INJURY OCCURRED SENTER NATURE OF INJURY IN ITEM 18	
UNDERLYING OR			
214 INJURY OCCURRED	210 PLACE OF INJURY (AT HOME. 2		
WHILE NOT WHILE AT WORK	STREET, FACTORY, FARM, ETC.)	STREET CITY OR TOWN	COUNTY STATE
	24	utency K Investige Inc.	d in my apinion
/ //	K A A A A A A A A A A A A A A A A A A A		и ін ту орівіов
dedit resolted the	1 1 11 1/2 0	-1	
ACTUAL SIGNATURE	roway Than		DATE 8/18/84
	1		
EXAMINER'S NAME Thoma	as D. Smith, M.D.	ADDRESS 111 Penn St. Balto.	,MD.
BURIAL, CREMATION, REMOVAL 2	36 DATE 23c. NAME OF CEMETE		COUNTY STATE
BURIAL	8/23/84 Garrison	Forest VA Owings Mil	ls. Md.
FUNERAL DIRECTOR	ADDRESS	25a, DATE REC'D. BY REGISTRAN 111 HEGI	TRAR'S SIGNATURE LAND
	STATE REGISTRAR DECEASED NAME TYPE OR PRINT) Bianc SEX	STATE REGISTRAR MEDICAL EXAMINER' DECEASED NAME PREST DECEASED NAME PREST DECEASED NAME PREST DECEASED NAME PRIST DECEASED NAME DECEASED NAME PRIST DECEASED NAME PRIST DECEASED NAME DECEASED NAME PROMISE DATE OF BIRTH MONTH DAY YEAR LAST BRITCHPLACE (STATE OR O'DEGRAC COUNTRY) MATYLAND U.S.A. Baltimore FATHER'S NAME FEBOLICE (IF IN INJUSHING HOME, OR TOWN Baltimore) FATHER'S NAME FEBOLICE (IF IN INJUSH ON CONDITION ON TOWN THOMAN BALTIMORE U.S. A. U.S.A. U.S.A. U.S.A. U.S.A. U.S.A. U.S.A. U.S.A. Baltimore FATHER'S NAME FEBOLICE (IF IN INJUSH ON CONDITION ON TOWN THOMAN CONDITION ON CONDITION ON CONDITION ON CONDITION FOR WHICH OPERATION U.S.A. U.S.A. U.S.A. U.S.A. U.S.A. U.S.A. U.S.A. BUE TO, OR AS A CONSEQUENCE OF U.S. A. U.S.A. U.S. A. U.S. CITY COUNTRY! D. WALL CHY CHY CHY CHY U.S. A. U.S. A. U.S. A. U.S. A.	STATE REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NA BECISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NA R

(VR A15 ME (5)) 20M 4/82

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. MIDDLE 20 DATE OF DEATH 75. HOUR POGENT 6 AGE (IN YEARS LAST BIRTHDAY) OF LINDER CHEAR 4 RACE 5 DATE OF SIRTH 09 75 Black TE CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH O. BIRTHPLACE (STATE OR FOREIGN MARRIED NEVER MARRIED U.S.A. BALTIMORE CITY WIDOWED DIVORCED 1. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) MERCY HOSPITAL USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e, STREET ADDRESS 13b. COUNTY 13c CITY OR TOWN 1210 E. Federal St. 21202 Baltimore YES X 15 MOTHER'S MAIDEN NAME ANIDDI P MIDDLE Jones Barkley Mamie 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. (IF YES, GIVE WAR OR DATES) 215-18-4663A Mary Barkley 1210 E. Federal Street 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c), PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (D) DUE TO, OR AS A CONSEQUENCE OF Phy (cm) TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR MOITION GIVEN IN PART 110 200 AUTOPSY? 286. IF YES, WERE FINDINGS USED 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? YES T NO [

Conditions, if ony, which gave rise to immediate couse (o), stoting underlying couse 19a DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH P.M 19 (IF EITHER, NOTIFY MEDICAL EXAMINER) 211 LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY CITY OF TOWN COUNTY STATE STOFFI AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 1445457 22a.1 certify that (I) (this haspital) attended the deceased from,

230. BURIAL CREMATION, REMOVAL 23b. DATE BURTAL 8/11/84

224 PHYSICIAN'S NAME WYPE OF PRINT)

saw the deceased alive on August 674

obove, (1) (we) (did) (did not) view the body after death

22e ADDRESS

ATTENDING

PHYSICIAN DIRECTOR PHYSICIAN

25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

and that in (my) (our) opinion death accurred on the date and hour and from the causes stated

MEDICAL

23c NAME OF CEMETERY OR CREMATORY Baltimore Eastview Mem. Pk.

Md.

271. DATE SIGNED

24 FUNERAL DIRECTOR

- STATE

3. SEX

13a. STATE

medica

any

00

à

MPORTANT.

REGISTRAR

male

Marvland

ID CITY OR TOWN OF DEATH

BALTIMORE

Maryland

Preston

14 FATHER'S NAME

NO

CERTIFICATION

226. SIGNATURE

DECEASED NAME LIYPE OR PRINTS

> ADDRESS March F/H Inc. 1101 E North Avenue

DEGREE

DHMH - 16 50M 4/B2 (VRA 15, 4)

	FOR 1 - STATE REGISTRAR	DEPARTMENT (TATE OF MARYLAND OF HEALTH AND MENTAL HYC TIFICATE OF DEATH	CIENE 8 4 2	1107
	1. DECEASED NAME IRST (TYPE OR PRINT) JA MT	JS W. B	ARR	20. DATE OF DEATH MONTH	4 VEAR 26 HOURS
7	3. SEX MALE 70. BIRTHPLACE (STATE OR FOREIGN	RINCH	TE OF BIRTH ONTH DAY YEAR 0 17 25	58 YRS	MONTHS DAYS HOURS MIN.
	70 BIRTHPLACE (STATE OR FOREIGN COUNTRY) S. Carolina 10. CITY OR TOWN OF DEATH	MA	RRIED NEVER MARRIED DIVORCED ME OR OTHER INSTITUTION	Baltimore C:	
4	Baltimore	Bon Secours Hos	pital	(1YPE OF WORK FOR MOST OF WORKING L	#E) INDUSTRY
	USUAL RESIDENCE (IF NURSING HOME OR 136 STATE 136 COUN		134. INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP COD 14 S. Smallwo	ood St. 21223
	14 FATHER'S NAME FIRST James	MIDDLE LAST Barr	IS MOTHER'S MAIDEN NA FIRST Kattie	WE	ŁAST
	160, WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) YES	VE WAR OR DATES)		ADDRESS	
	PART I. DEATH WAS CAUSE	nly one couse per line or (o), (b), ond (c) on the couse	Rapine	tory faile	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if any, which gove rise to immediate	DUE TO, OR AS A CONSEQUENCE C	comma of	the Surg) , , , ,
	couse (o), stoting the underlying couse lost.	DUE TO, OR A CONSEQUENCE C	eumonia	. ()
	PART 2 OTHER SIGNIFICANT OF	CONDITIONS CONTRIBUTING TO DEATH	ma !	ged Stu	ce
2	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERA	TION WAS PERFORMED	IN CERT	S, WERE FINDINGS USED IFYING CAUSES OF DEATH? ES NO

21b. TIME OF INJURY 21a. ACCIDENT WAS UNDERLYING 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART FOR PART 2) HOUR A.M. YEAR OR CONTRIBUTING _ CAUSE OF DEATH P.M. 211 LOCATION 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE LARM, ETC.) NOT WHILE

CITY OF TOWN COUNTY STATE

220.1 certify that (I) (this hospital) attended the deceased from sow the deceased glive on obove, (I) (well left) (did not) view the body after death and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22E. DATE SIGNED 22b. SIGNATURE STAFF

10

23a BURIAL, CREMATION, REMOVAL 23h DATE BURIAL 8/14/84 Garrison Forest

Owings

Md ALAIE

DHMH - 16 50M 4/83 (VRA 15, 4)

FUNERAL DIRECTOR

O HOSPITAL

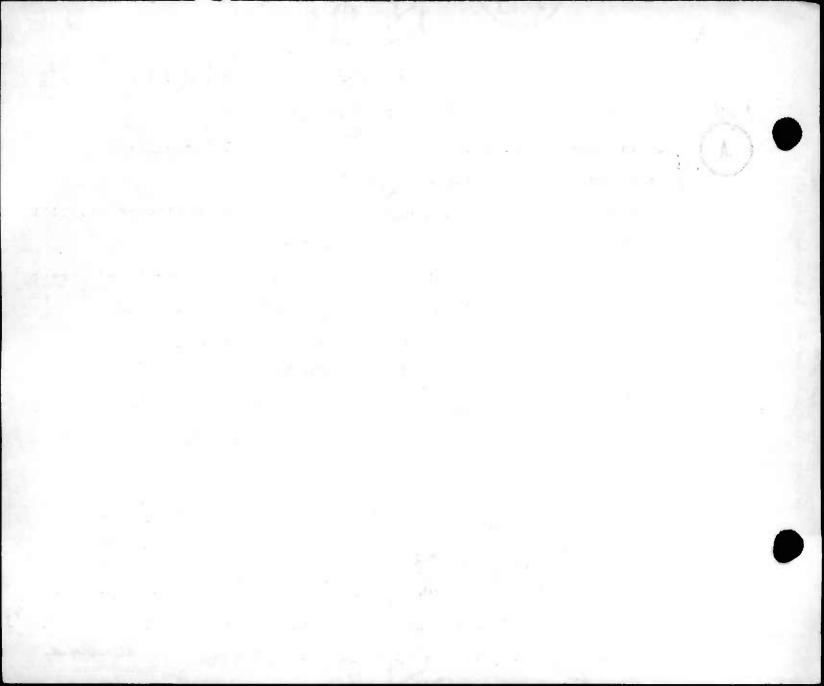
should be detached for use as the burial-transit permit. Then please with the State Dept. of Health and Mental Hygiene prior to burial, an

shows ony

MPORTANT: If Hem 21 is morked or Hem 18

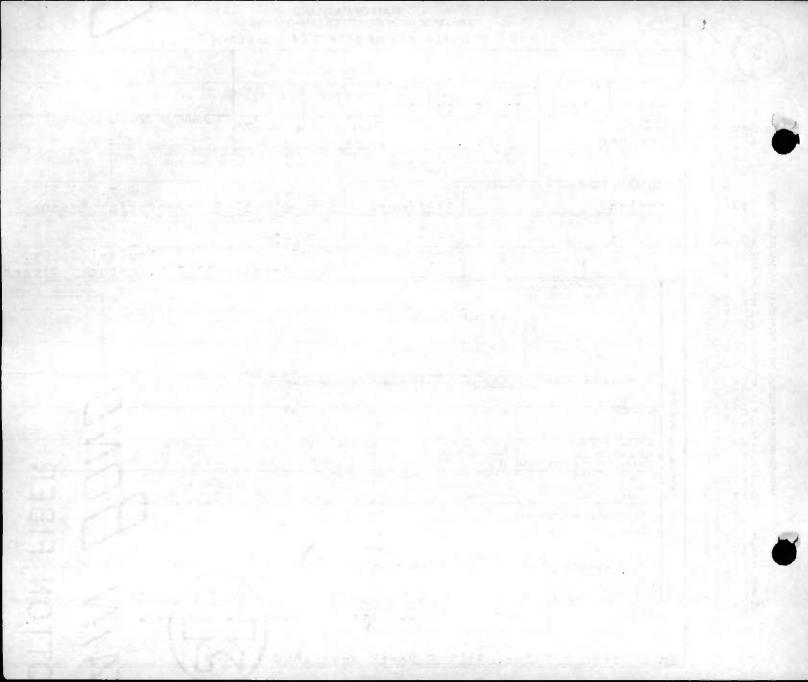
24 FUNERAL DIRECTOR

Wm C March F/H Inc. 1101 E North Avenue



20M 4/82

STATE OF MARYLAND



completely

ws ony injury, or other troumotic event, the

IMPORTANT: If them 21 is morked or them 18 shop

MEDICAL CERTIF

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physic should be detached for use as the burial-transit permit. Then please remove carbanpape with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

etoined by the hospital or attending physician

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL DVCIENE A

1	- STATE REGISTRAR		DEPAR		ICATE OF DEATH	REG. I	NO.		
	ECEASED NAME FIRST	ENN 7	COLE	Ł	AST	20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
(17)	BAB	1	/	ATHGA!	TE II	AUGUST	23,	1984	8:00PM
3. SE		4. RACE		5. DATE C	OF BIRTH	6 AGE (IN YEARS LAST E	IRTHDAY)	IF UNDER I YEAR	
	M	WHI	TE	MONTH	- 23 - 84	12/16c	AS YRS	MONTHS DAYS	HOURS MIN.
24 B	SIRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF V	VHAT COUNTR	Y? 8	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNT	Y OF DEATH	
	COUNTRY) M.D.	() .5	.A.	WIDOWE		BALTIMOR	RE CT	ΨY	MD
10. C	CITY OR TOWN OF DEATH	11. NAME OF H	OSPITAL, NUR		OR OTHER INSTITUTION	12a USUAL OCCUPA	TION	126 KIND	OF BUSINESS OR
			FACILITY, GIVE STR			TWE OF WORK FOR MOST		IFE) INDUSTRY	
	LTTMORE JAL RESIDENCE (JE NURSING/HOME)	JOHNS			SPITAL	IN FAX)/		
	STATE HIS COL		13a. CITY OR TO		13d INSIDE CITY LIMITS?	13e STREET ADDRESS	ZIP COE	DE RD	21221
14. F	ATHER'S NAME				IS. MOTHER'S MAIDEN NA				
	ELENN,	A .	BATHE	ATE	LESA	WIDDLE		DA	2115
	WAS DECEASED EVER IN U.S. A		166 SOCIAL SE	CURITY NO.	17 INFORMANT	ADD	RESS		
	(YES, NO OR UNKNOWN) (IF YES, G	GIVE WAR OR DATES)			GLENN A. Z	BATHGATE	SAI	ME 21	1221
	18 CAUSE OF DEATH (Enter of	only one couse per	line lor (o), (b),	ond (c).1				APPRO BETWEEN	XIMATE INTERVAL
	PART I. DEATH WAS CAUS	SEĎ BY: ATE CAUSE (0)	CARDIC	PULM	ONAY FAIL	URE			
	Conditions, if ony, which	DUE TO, OF	AS A CONSEC HYPO	PLAST	TE LUNGS	; 		8-2	13-84
	gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OF	AS A CONSEC CONGE	NITAL	DIAPHRAGMA	ATIC HERN	IA	8-	23-04
z	PART 2. OTHER SIGNIFICANT	CONDITIONS CO	NTRIBUTING T	O DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CO	NDITION GI	IVEN IN PART 1	Ia
ATION	19a DATE OF OPERATION	19b CONDI	TION FOR WHI	CH OPERATIO	N WAS PERFORMED	20a AUTOPSY?		ES, WERE FIND	
0	A 22 Al						IN CERT	IFYING CAUSE	S OF DEATH?

8-23-84	DIAPHRAGN	MTK H	HERNIA	YES NO	YES [NO [
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	216. TIME OF INJURY HOUR A.M. MONTH DA		HOW INJURY OCCURRED	(ENTER NATURE OF INJURY IN ITE	M 18 PART OR PART 2)	
(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	19				
21d INJURY OCCURRED	21e PLACE OF INJURY	1	LOCATION	CITY OR TOWN	COUNTY	STATE
WHILE NOT WHILE AT WORK	(AT HOME STREET FACTORY, OFFICE, FA	ARM ETC)	STREET	CHYORIOWN	COUNT	SIMIE
22a I certify that (I) (this haspital)	ottended the deceased from_	6/2	-3 19 84	10 8/23	19 4	that (we) lost
sow the deceased alive on above, (I) (we) (did) (did not) vi	iew the body after death.	ond th	nat in (my) (our) opinion dec	th occurred on the date one	d hour and from the	couses stated
27b. SIGNATURE	:=:	DEG	REE		22c DATE	SIGNED
Ramoth	2	M.A.		MEDICAL STAFF	x 8/2	3/84

22e. ADDRESS

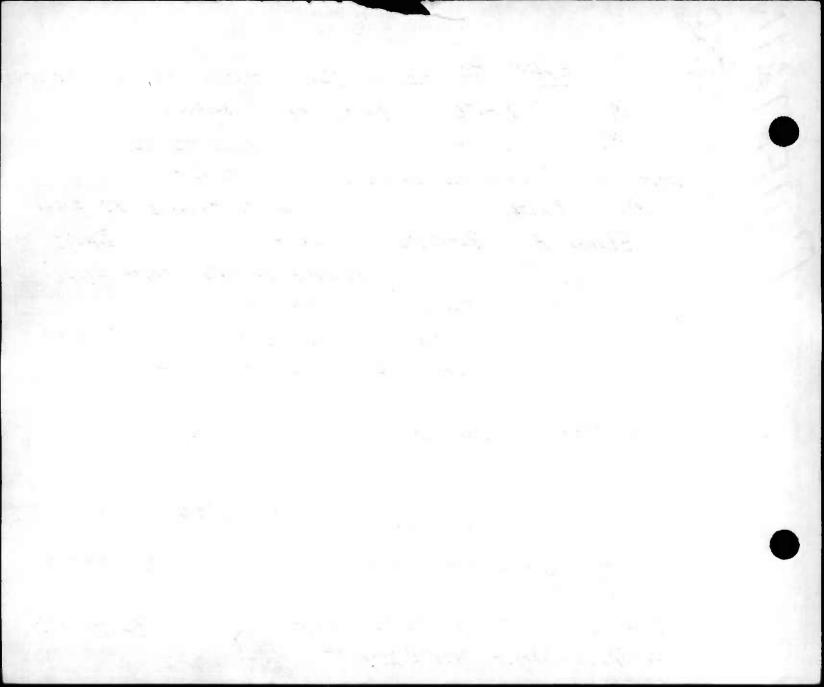
BYRNE 23a. BURIAL, CREMATION, REMOVAL 236. DATE

231 HAME OF CEMETERY OR CREMATORY

23d. LOCATION

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.



BP_

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1 1 0

1-	FOR STATE REGISTRAR				DEPARTMENT OF H			0	REG. NO.	1	1	u
	CEASED NAMI	E	FIRST		MIDDLE	LAST		20 DATE	KNOWN EX M	ONTH DAY	YEAR	26. HOUR
{146	E OR PRINT)		ERNEST		HERMAN B	AUM		Or	MATED 8	-15-8	419	,
3 SEX	(4. RACE		ATE OF BIRTH	6 AGE (IN YEAR	RS IF UNDER 1 YR	IF UNDER	24 HRS. 26. DATE	***	ONTH CAY	YEAR	2d HOUI
M	ALE	WHI	CE	12 07			HOURS	DEAD	8	15-8	4 19	9:05
7a. Bt	RTHPLACE (S	TATE OR	7b.	CITIZEN OF W	HAT COUNTRY?	8. MARRIED T	JEVER MARRIE	P P BALTIM	ORE CITY OR C	OUNTY OF	DEATH	
	aryland	d		U.S.	Α.	WIDOWED	DIVORCE		timore C	ity		ME
10. CI	TY OR TOWN	OF DEATH	11.		SPITAL, NURSING HOME,	OR OTHER INSTIT	UTION	12a. USUAL OCCUI	PATION (TYPE OF	WORK 12b. K	IND OF BU	ISINESS
	altimo			417 Fur	row Street			Carpente			arpeni	
13a. S	RESIDENCE TATE aryland	13Ь	COUNTY	IER INSTITUTION, G	13c. CITY OR TOWN Baltimore	13d. INSIDE		13e STREET ADDRE		et 2	1223	
14. FA	THER'S NAME		AAI	DDLE	LAST	15. MOT	HER'S MAIDE	NNAME	IDDIE		LAST	
1	Willian	n	M,	JOLE	Baum	I	Bertha	,	NO DE	Uı	nknow	n
16a. V	VAS DECEASE	D EVER IN	J.S. ARMED	FORCES?	166. SOCIAL SECURITY	NO. 17 INFO	RMANT		ADDRESS			
	no	, WIG) [III	TES, GIVE WAR	OR DATES!	213-05-93	46 Erne	est W.	Baum 417	7 Furrow	Stree	et 2	1223
	18. CAUSE O	F DEATH (nter anly ar	e cause per lin	e far (a), (b), and (c).)						APPROXIMATE	
	PARTIDE	ATH WAS	CAUSED BY	AUSE (a) GL	inshot wound	of chest	,			-		
	2				R AS A CONSEQUENCE O							
		ns, if any, se to imi		(b).								
	cause (a)	stating the		(-/	AS A CONSEQUENCE O	F				1111		
	lying cause last.											
NO	PART 2 OTHER SI	GNIFICANT CO	NOITIONS CONT		BUT NOT RELATED TO THE TERMIN	MAL DISEASE OR CONDIT	IDN GIVEN IN PAR	T I to				
MEDICAL CERTIFICATION	19a. DATE OF	OPERATIO	N	19b. COND	TION FOR WHICH OPERA		20			>		
IFIC											YES 🗆	NO [X
ER	21a EXTERNA		VAS	21b. TIME O		21c. HOW INJUI	RY OCCURRED	D LENTER NATURE OF IN	URY IN ITEM 18 PART	1 OR PART 2)		
ALC	UNDERLYING	NG CAL	ISE OF DEAT		A. MONTH DAY YEAR $8-?-84$	self/i	nflict	od				
EDIC	21d INTURY	CCURRED		21e PLACE	OF INJURY (AT HOME,	21f. LOCATION				$T \sim$		
W	WHILE AT WORK	NOT WH	K X	STREET, FAC	OME ARM, ETC.)	447 F	urrow	Street	™ Balt	imore,	Mary	land
	220 I certi	fy that I tac	ık charge af	the remains de	scribed abave, held an	Autopsy	Inspection	, Inquiry	and in	my apınıan		
	death result	ed fram:	Natural co	ouses ,	Accident, Suic	ide XX Han	nicide .	Undetermined mo	onner ,			
	TITLE (SPECIFY)											
	ACTUAL SIGNATURE WOMEN'S SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE										8-16-	84
-	EXAMINER'S (TYPE OR PRI		Marg	garita	A. Korell,M.	D. ADDRESS		Penn Stre	et			*
23a.B	URIAL, CREMA	TION, REM	1		23¢ NAME OF CEM			23d LOCATION CITY OR TOWN		COUNTY	ST	ATE .
	Bur		8/	20/84	Loudon Pa	ark Cemet		Baltimo		1	Mary1	
	NAME			ADDRES		229	250. DATE R	1 Q 100 A	R 256 REGISTR			
LI.	Lhand I	F	1 II	Tno	4107 Willes	- A	T AUIT	I M TUDA	[/L_	7	2	

DHMH - 17 (VR A15 ME (5)) Hubbard Funeral Home, Inc. 410/ Wilkens Ave. 20M 4/82

1904

Ma Daydon-Manago

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1	1
14	
11	

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYCIENE

- STATE REGISTRAR		DEFARIN		FICATE OF DEATH	REG. 1	NO.		
I. DECEASED NAME FIRST		MIDOLE		LAST	20. DATE OF DEATH	MONTH OAY	YEAR	26 HOUR
(TYPE OR PRINT)	Julia	Bechte1			August	3, 1984		600 A.M
3. SEX	4 RACE		S. DATE		6. AGE (IN YEARS LAST B			IF UNDER 24 HRS HOURS MIN.
F	W		Sep	t. 3. 1896	87	YRS!	NS. DATS	HOURS MIN.
O. BIRTHPLACE (STATE OR FOREIGN N. J.		WHAT COUNTRY?	8.	D NEVER MARRIED	9 BALTIMORE CITY	or County of ore City,		MD
Owings Mills, Mo	(IF NOT IN SU	HOSPITAL, NURSING FACILITY, GIVE STREET OF	AODRESS)	or other institution yland	12a USUAL OCCUPA 1TYPE OF WORK FOR MOST Homemake	OF WORKING LIFE!	126. KIND OF INDUSTRY	BUSINESS OR
USUAL RESIDENCE HE NURSING HOME OF 130. STATE 136 COU		GIVE RESIDENCE BEFORE 13c CITY OR TOW Baltimor		134 INSIDE CITY LIMITS? YES AO	13e STREET ADDRESS 2010 Gri	/ ZIP CODE nnalds A	lve.	21230
14. FATHER'S NAME FIRST Rubin Will	is Hoffm	ian last		15. MOTHER'S MAIDEN NA	Jane Garri	.son	LAST	
160 WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, G	RMED FORCES?	219 40 7		Harry C. Be	echtel, Jr.		napoli	is Rd.
Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT	(b) DUE TO, O	ONTRIBUTING TO [TE NCE OF . LEROT	CEREBRO JASCE L CARDIO JASCE I NOT RELATED TO THE TERM	ULAR DISE	ME		DAYS ARS
190. DATE OF OPERATION NONE 210. ACCIDENT WAS UNDERLYING	19b. COND	ITION FOR WHICH	OPERATIO	ON WAS PERFORMED	20e AUTOPSY?	206. IF YES, WI IN CERTIFYING YES		
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER, NOTIFY MEDICAL EXAMINA 21d. INJURY OCCURRED	P. PLACE		19	211 LOCATION	RRED (ENTER NATURE OF INJ		(COUNTY	STATE
WHILE NOT WHILE AT WORK 22e.1 certify that (I) (this has sow the deceased alive or obave, (I) (ma) (d. d. d	oital) attended th	e deceosed from 19 ofter death.	34	nd that in (my) (and opinion DEGREE ATTENDING	2 to AuGu	date and hour and	8d , 1h	not (I) (we) lost ouses stated
224. PHYS IAM'S NAME (TYPE		Lile		22e. ADDRESS 6805 Ye	bric RD;	BAT.	HO	21217
230 BURIAL, CREMATION, REMOVA	23h. DATE 8/6/8			aven Mem. Cem	23d LOCATION CITY OF TOWN	Rurnie	DUNTY	state ndol Md

BP. DHMH - 16 50M 4/83

MPORTANT: If them 21 is morked or

should be detached

24 FUNERAL DIRECTOR
MITCHELL-WIEDEFELD HOME, INC. 6500 York Rd.

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

ALIG 6 004 Juli Builden Royales.

(VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physical for use as the buriol-transit permit. Then please rer of Health and Mental Hygiene prior to burial, crem

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requires that the death certificate be executed within 24 hours after

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

X	1 -	FOR STATE REGISTRAR	DEPARTM	ENT OF HEALTH AND MENTAL H'CERTIFICATE OF DEATH		6.) Gua
		CEASED NAME FIRST	MIDDLE	LAST	REG. N 20. DATE OF DEATH	MONTH DAY YEAR	2b. HOUR
	(117)	Ioseph	FRANCIS	Recker		8 - 6 - 84	530 pm
	3. SE:	× M.I.	1	5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIR		
		MAIC	CAUCASIAN	July 21, 1912	12	YRS	
35	(COUNTRY) Md	16 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	RNIL	production of death More Ci	+4 MD.
20	B	Altimore	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET AD 3 820 E. PRO		120 USUAL OCCUPAT	FON 12b. KIND INDUSTR	
35	13a. S	AL RESIDENCE IF NURSING HOME OR OF STATE 136 COUN			13e. STREET ADDRESS	Pertt St	BAHO.N.
	14 FA	ATHER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN N	NAME MIDDLE		AST
20	_	Joseph -	Beck	CR MARY		W	elch
/		VAS DECEASED EVER IN U.S. ARA YES, NO ORJUNKNOWN) (IF YES GIV	WARD DATES) 2 18-09-	5175 MRS. CA	eolyn Wil	Becker B	DE. TRAT
		18 CAUSE OF DEATH (Enter online PART I. DEATH WAS CAUSED	ly one couse per line for (a), (b), and	(C).1	/	APPRO BETWEE	OXIMATE INTERVAL N ONSET AND DEATH
				rest		min	ndes
	0.8	Candisian is an less	DUE TO, OR AS A CONSEQUEN	1 1		5	
		Conditions, if ony, which gove rise to immediate couse (a), stating the	b) Loronda	Myen Messe		3 4	jens
1	1	underlying couse lost.	DUE TO, OR AS A CONSEQUEN	CALCINSMA		2	yeurs
	NO	PART 2. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO DE		RMINAL DISEASE OR CON	DITION GIVEN IN PART	101
2	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH O	PERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FIND IN CERTIFYING CAUSE YES	
9	CER	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY HOUR A.M. MONTH DAY	YEAR 21c HOW INJURY OCCU	JRRED (ENTER NATURE OF INJU		
1	CAL	OR CONTRIBUTING CAUSE OF DEAT	···	19			
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE FAR	211 LOCATION STREET	CITY OR TO	WN COUNTY	STATE
		220 I certify the (I) (this hospite	ol) ottended the deceosed from	Oct 19.82	to Augus	6 1954	, that (II)(we) lost
		sow the deceased alive or obove, (I) (we) (did) (did not) view the body ofter death.	4, and that in (my) (our) opinio	n death occurred on the de	ote and hour and from th	e couses stated
		22b. SIGNATURE	8 Food	DEGREE M. D. ATTENDING PHYSICIAN	MEDICAL STAI	FF cl	E SIGNED
1		22d. PHYSICIAN'S NAME (TYPE OR	(PRINT)	22e ADDRESS			
		DANIEL E	FURD	JOHNS HOP	KINS HOSPIA	L BALTIMO	DE NO
	23a. B	URIAL, CREMATION, REMOVAL SPECIFY) BURIAL	236. DATE 236. NA Aug 9, 1984 SAC	ME OF CEMETERY OR CREMATORY	CITY OR TOWN	COUNTY	MD
	24 FL	INERAL DIRECTOR	. J2	13504+ 250, P.	ATEREC'D BY REGISTRAR	256 REGISTRAR'S SIGNA	Jandale.
	7	oseph Not	-ANNINOJR. (CONKLING 21224	0 0 504		

DHMH - 16 50M 1/81 (VRA 15, 4)

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the fune should be detached for use as the buriol-transit permit. Then please remove corbonpopers. Pages 1 and 2 should be filed within with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

MPORTANT: If them 21 is marked or Item 18 shows any injury, or other traumatic event, the medical

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Tames Section Sectio	to	1 -	FOR STATE REGISTRAR	DEPART	MENT OF H	E OF MARYLAND SEALTH AND MENTAL HYG SICATE OF DEATH	IENES 4	2	1 3
BALTIMORE CITY - BALTIMORE -			OR PRINT)	1	B	odnar	20 DATE OF DEATH		20 TROOK
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130 STATE 136 COUNTY 131 CITY OR TOWN 134 MINSIDE CITY MINSIDE 135 STATE ADDRESS 314.26 RAMONA AVE. 314.26 RAMONA AVE. 314.26 RAMONA AVE. 315 MOTHER'S NAME 135 MOTHER'S NAME 136 MOTHER'S NAM	331		BALTO.	FRANCIS SCETT	KEY		(TYPE OF WORK FOR MOST O	F WORKING LIFE) INDU	ISTRY
TRAIN BEDNAR LAST BARBARON LAST BARBARON LAST LAST BARBARON LAST	55	30 S	TATE 136 COUR	NTY 13c CITY OR TOV	NN	YES 💢 NO 🗌	3426 R	AMONA	A
18 CAUSE OF DEATH (Enter only one couse per line for io), (b), and ic PART 1, DEATH WAS CAUSED BY IMMEDIATE CAUSE Io)	3500		FRANK	BEDNAR		FIRST B	ARBARA		LAST
DUE TO, OR AS A CONSEQUENCE OF Gover rise to immediate couse (o), storing the underlying couse lost production of the terminal disease or condition given in part to underlying couse lost production of the underlying couse lost production of the terminal disease or condition given in part to underlying couse lost production for which operation was performed PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IO PART 1 IO PART 2 III. ACCIDENT WAS UNDERSTRING. 2 Its. ACCIDENT WAS UNDERSTRING. 3 Its ACCIDENT WAS UNDERSTRING. 4 IN CERTIFYING CAUSES OF DEAT WAS UNDERSTRING. 4 IN CERTIFYING CAUSES OF DEAT WAS UNDERSTRING. 5 IN CERTIFYING CAUSES OF CREMATION. 5	medico		ES. NO OR UNKNOWN) (IF YES, GI			0.1			nord a
OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING COUNTY OUT OF TOWN COUNTY STREET CITY OR TOWN COUNTY SOUTH COUNTY OUT OF TOWN COUNTY SOUTH COUNTY OUT OF TOWN COUNTY STREET CITY OR TOWN COUNTY SOUTH COUNTY OUT OF TOWN COUNTY STREET CITY OR TOWN COUNTY STREET CITY OR TOWN COUNTY STREET CITY OR TOWN COUNTY SOUTH COUNTY SO	ony injury, or other	CATION	couse (o), stoting the underlying couse lost PART 2 OTHER SIGNIFICANT (CONDITIONS CONTRIBUTING TO	DEATH BUT			20b. IF YES, WERE I	INDINGS USED
(IF ETHER NOTIFY MEDICAL EXAMINER) 10 21d. INJURY OCCURRED 21d.			_		AY YEAR	21c HOW INJURY OCCURR		YES 🗌	NO [
Sow the deceosed alive an above, (1) (we) (did) (did not) view the body offer death. 27b. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR	d or frem	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE) 21d INJURY OCCURRED WHILE NOT WHILE	P.M. 21e. PLACE OF INJURY	19	211 LOCATION STREET	CITY OR TO	wn cour	417 5
230. BURIAL, CREMATION, REMOVAL 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION	rke a				2	C1	1 101111	74 10 5	a .
		100	270. I certify that (1) (this hosp saw the deceased alive an above, (1) (we) (did) (did no 27b. SIGNATURE	the Leggld	89 , or	DEGREE ATTENDING PHYSICIAN	MEDICAL STAR	F 2 C	DATE SIGNED

38 1 July 11-3 The second purpose of the second DARTINGLE CATE Also and American Service Serv SAME DEDAMS ENGLISHED HIS - LINE HARD THE BOULDER DESTAND BY COME LAWLE COM

OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral should be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages I and 2 shauld be filed within 72 in the content of t

MPORTANT: If Item 21 is morked or Item 18 shows ony injury, or ather troumotic event, the medical should be detached for use as the burial-transit permit. Then please remove carbanpopers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

STATE OF MARYLAND

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	6.80	

1	- STATE REGISTRAR		20170	CERTIFICATE OF DEATH	REG. NO.	
	DECEASED NAMI	E FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
E	THE SWIMMER	AGNES	Ε.	BEHNER	AUGUST 25,1	984 5:45A M
3	SEX	4.	RACE	5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN
L	-EMAL	E	UHITE	8 9 1915	69 YRS	
70	BIRTHPLACE (S	TATE OR FOREIGN 76.	CITIZEN OF WHAT COUNTR	Y? 8 MARRIED NEVER MARRIED	BALLIMORE CITY OR COUNT	Y OF DEATH
1	DARYLA	N.D	4. S.A.	WIDOWED DIVORCED	I DAKI IMORE	E CITY MD.
14	CITY OF TOWN	OF DEATH	NAME OF HOSPITAL, NUR!	SING HOME OR OTHER INSTITUTION EST (DDRESS)	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	
4	DAKTI	MOREL	HURCH 1	HOSPITAL	HOMEMAKE	A
1i	SUAL RESIDENCE	13b COUNTY	HER INSTITUTION, GIVE RESIDENCE SEF 1134 CITY OR TO	OWN 13d. INSIDE CITY LIMITS	130 STREET ADDRESS TIP COL	E . 2/23/
1	MD.		BALTII	MORE YES NO	2011 PORI	UGAL UI,
ľ	FATHER'S NAME		DDLE LAST	15. MOTHER'S MAIDEN	NAME	In L. ALAST
1	6 E	OR6E	MACH	ANNA	SOLE ITIBIEW	UKA
1	(YES NOOR INKNO	D EVER IN U.S. ARME DWN) (IF YES, GIVE W		CURITY NO. 17 INFORMANT	M CHIMANOK	2000 Pariral
F	1/10			MANDREW	III. SKYIIIANO'NI	APPROXIMATE INTERVAL
	18 CAUSE O	F DEATH (Enter only)	ane cause per line to (a), (b), BY:	. W. a.	Varlet.	BETWEEN ONSET AND DEATH
		IMMEDIATE	CAUSE (0)	PROBABLE	RESPIRATORY FAI	LURE
Н			DUE TO, OR AS A CONSEC	DUENCE OF PRODUCT I	RESPIRATORI FAI	LUKE
Н		if any, which to immediate	(b)	- JANNA MA	(COF)	DISEASE
L		stating the	DUE TO, OR AS A CONSEC	DUENCE OF THE DISTANT	CIIDONIC ODGEDIIC	
	- diderlying		((c)			CTIVE PULMONAR
z			A IDITIONIE CONITDIBILITALO T	O DEATH BUT NOT RELATED TO THE TA	PMINAL DISEASE OR CONDITION G	IVEN IN PART TIO
			LLATION A	- Frial Librill	ation	
-		AL FIBRII	LLATION A		200 AUTOPSY? 20b. IF Y	ES, WERE FINDINGS USED
		AL FIBRII	LLATION A	- Frial Librill	200 AUTOPSY? 20b. IF Y	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? (ES \ NO
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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and co should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

attending physician

retained by the hospital ar

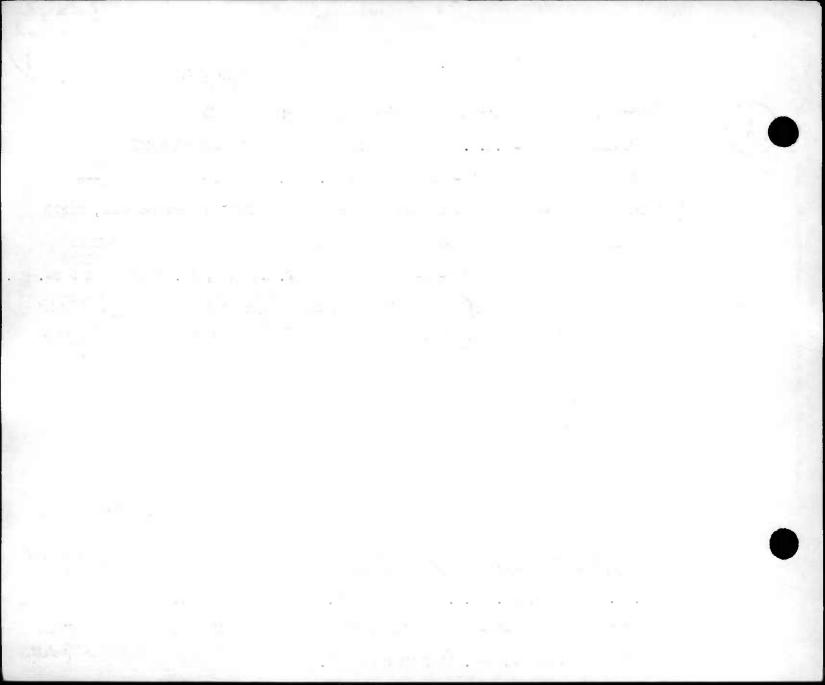
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within 24 hours ofter

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

-, -		REGISTRAR			CERTIFI	CALE OF D	EAIN		REG. NO.			
		CEASED NAME	DOROTHY	MIDDIE A.	Ro	BEHR		20 DATE OF DE	ATH MONTH	DAY YEAR	26 HOU	JR 3.5
	_	LO.	othy	17.	De	hren	()	810	LAST BIRTHDAY)	IF UNDER 1 YEAR	1	AM
	3 SE:	× =	1-RACE	1	5. DATE O	DAY	YEAR			MONTHS DAYS	HOURS	MIN.
	1	emnie	wh			31	09	75	TKU.	LY OF DEATH		
200		IRTHPLACE (STATE OR FOR		WHAT COUNTRY	MARRIE	NEVER M	ARRIED -		CITY OR COUNT			
-	10.0	MARYLAND	U.S.	A.	WIDOWE		ORCED	BALT I	MORE CIT	12b KIND C	E BLICKIE	MD
90		ITY OR TOWN OF DEATH	(IE NOT IN SUC	HOSPITAL, NURSI THEACILITY, GIVE STREE LAN – CATOI	T ADDRESS)				R MOST OF WORKING		DE ROZINE	:55 OK
e p	USU	AL RESIDENCE (# NURSING	HOME OR OTHER INSTITUTION	GIVE RESIDENCE BEFO		13d INSIDE CI	TV I II A ITEO	12. STREET ADD	RESS / ZIP COI	\c		
35		ARYLAND		BALTIMO		YES X	NO [REENVALI		2122	9
- Files	14. F	ATHER'S NAME	WIDDIE	LAST			MAIDEN NAM	ΛE	IDDLE	LA		
500		LOUIS	MIDDLE	LINK		LE	NA NA	~	IDDIE	MYE		
0		WAS DECEASED EVER IN	U.S. ARMED FORCES?	166 SOCIAL SEC	URITY NO.	17 INFORMA	NT		ADDRESS	21	228	
the med		YES NO OR UNKNOWN)	(IF YES, GIVE WAR OR DATES)	213-34	-6357	HERBE	RT F. I	BEHRENS,	JR. 624	+3 GILST	ON P	K. R
ent, the		PART I. DEATH WAS		PANO	iest	we h	eart	tarle	ne	BETWEEN	MATE INTER ONSET AND	PEATH
tic ev		IA IA	AMEDIATE CAUSE (0)		IFNICE PT	- //	_ 1	1 0000		-	CO - 6	
0 E 3		Canditions, if any, v		RASACONGO	mile	e Hes	MT!	resea.	29	60	m	1
5		gove rise to imme	diate	r as a consequ	IENICE OF						/	
or other		underlying couse	lost.	K AS A CONSEQU	DENCE OF							
y. o		PART 2 OTHER SIGNIE	ICANT CONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE O	r condition g	IVEN IN PART 1	0	
5	ō N	none										
ou q	CERTIFICATION	190 DATE OF OPERATIO	IN IN COND	ITION FOR WHIC	H OPERATION	WAS PERFO	RMED	20a AUTOPS		ES, WERE FINDI		
wow /	RTIF	700								res 🗌	NO [
00		218 ACCIDENT WAS UNDER		e injury M. Month (DAY YEAR	21c HOW IN	JURY OCCURR	ED (ENTER NATURE	OI INJURY IN ITEM 16	PART OR PART 2		
E /	CAI	(IF EITHER, NOTIFY MEDICAL	EXAMINER) P.	M	19							
op	MEDICAL	WHEE NOT WHILE	LIAT HOME STI	OF INJURY REET FACTORY OFFICE	FARM ETC)	21f LOCATIO)N	(ITY OR TOWN	COUNTY	5	STATE
nork		AT WORK	his bospital) attended th				10 01		1 Mari	1080	that (1) (
51		sow the deceased	olive on / 6 6	110 19	5 3//	d that in (my)	(eur) opinion o	death occurred a	n the date and he	our and from the		
E 5		above, (1) (worked) (did not) view the body after death. DEGREE 221 DATE SIGNED										
MPORTANT: IF IF		MA	ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 1			up	31					
RTA		224 PHYSICIAN'S NAN	NE 114M OR MEDITI			22e ADDRES	S				J	/
8 1			LAGER, JR.,					MEDICAL_				
		BURIAL, CREMATION, RE				EMETERY OR C		23d LOCATK CITY OR 1	OWN	COUNTY		STATE
-	24.5	BURIAL	08-13	-84	NEW (CATHEDR			MORE CIT	ry MA	RYLA	ND
′83		UNERAL DIRECTOR		ADDRESS		21229		E REC'D, BY REG		Davidson	- Banc	1.02
	H	UBBARD FUNEI	RAL HOME, IN	NC. 4107	WILKE	NS AVE.	L A	UG 13 4	904 (1		1	

DHMH - 16 50M 4/83 (VRA 15, 4)



	FOR STATE REGISTRAR	DEPART		IEALTH AND MENTAL HYG	REG. NO.	2.	1 9		
	1. DECEASED NAME FRST	WIDDLE	l	AST	2a DATE OF DEATH MO	INTH DAY YEAR	2b. HOUR		
	ALICE	Tr.	BELI	<u>r</u>	AUGUST 30,	1984	12:25am		
	3. SEX	4. RACE	5. DATE C		6. AGE (IN YEARS LAST BIRTHO	MONTHS BAY			
	Female	Black	1	11 01	83	YRS	, looks and		
-	Ta. BIRTHPLACE (STATE OR FOREIGN)	76. CITIZEN OF WHAT COUNTRY?	8.	D NEVER MARRIED	9 BALTIMORE CITY OR	OUNTY OF DEATH			
1	Maryland	U.S.A.	WIDOWE		Baltimore	City	MD.		
3	ID. CITY OR TOWN OF DEATH Baltimore	11. NAME OF HOSPITAL, NURS IN (IF NOT IN SUCH FACILITY, GIVE STREET Maryland Gene)	ADDRESS)		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W		O OF BUSINESS OR		
USUAL RESIDENCE (IF NURSING HOME O 13a STATE 13b COU Maryland			VN	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / Z		St. 21202		
8	14 FATHER'S NAME FIRST Simon	Warner		15. MOTHER'S MAIDEN NA/			LAST		
	160 WAS DECEASED EVER IN U.S. ARA (YES, NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES)	07-8426 Clara Wilson 828 E. Preston Street						
	18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I, DEATH WAS CAUSED BY: The part I, DEATH WAS CAUSED BY:								
	IMMEDIATE	IMMEDIATE CAUSE (0) Respiratory Failure							
	Conditions, if any, which	DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which ((b) Aspiration Pneumonia							
	gove rise to immediate cause (a), stating the underlying cause last.	rise to immediate) (a), stating the) DUE TO, OR AS A CONSEQUENCE OF							
		CONDITIONS CONTRIBUTING TO			INAL DISEASE OR CONDIT	ION GIVEN IN PART	Ito.		
1	Septicemia 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	secondary to de	ecubit H OPERATIO	N WAS PERFORMED		Ob. IF YES, WERE FINE N CERTIFYING CAUS YES []			
)		in .	AY YEAR	21c. HOW INJURY OCCURE	RRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2)				
	OR CONTRIBUTING CAUSE OF DEAT IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE AT WORK AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, I	FARM, ETC)	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE		
	220 & continue that ME (this bosnit	tal) attended the decensed from	A 11011	st 20 10 8A	to Angust	30.10 84	that MXwe) last		

DEGREE

22e. ADDRESS

23t NAME OF CEMETERY OR CREMATORY
Baltimore Cemetery

ATTENDING PHYSICIAN

STATE OF MARYLAND

DHMH - 16 50M 4/83 (VRA 15, 4)

O FUNERAL DIRECTOR:

m 18 sha

IMPORTANT:

50M 4/83 Wm C March F/H Inc. 1101 E North Avenue

23b. DATE 9/4/84

sow the deceased alive an above, (we) (did) (XXXII) few the body offi

22b. SIGNATURE

22d PHYSICIAN'S NAME ITYPE OR PRIN

230. BURIAL, CREMATION, REMOVAL BURTAL

AUG 3 1 WHA Julia Davidson Rando

22c DATE SIGNED

Md. STATE

and that in (ng) (our) opinion death accurred on the date and hour and from the causes stated

MEDICAL STAFF DIRECTOR PHYSICIAN

Baltimore,

c/o Maryland General Hospital

architecture de la company de

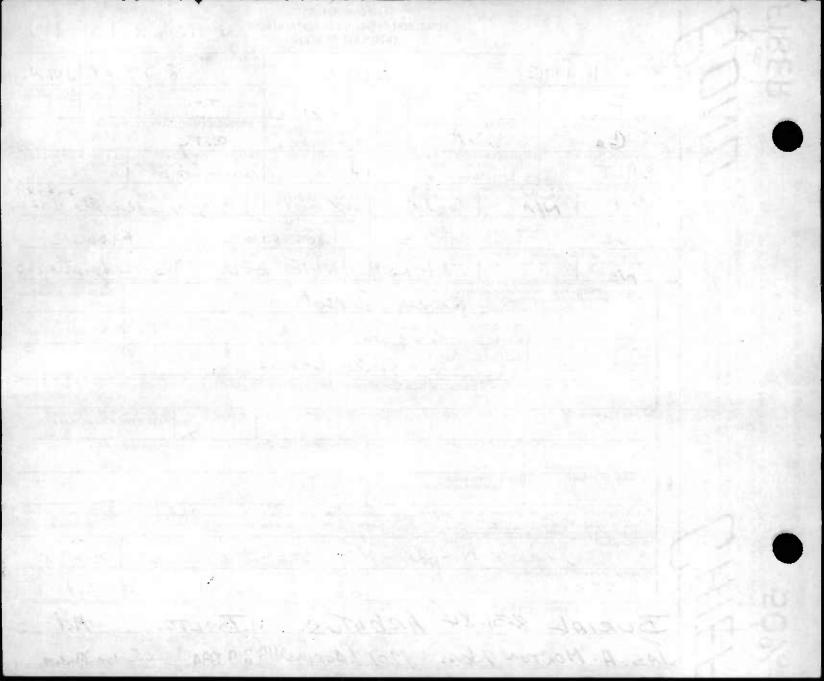
				STATE OF MARYLAND			7,3100
M	1.	FOR STATE REGISTRAR	DEPARTI	MENT OF HEALTH AND MENT CERTIFICATE OF DEAT	TH .	4. 2 G. NO.	
3		CEASED NAME FIRST OR PRINT)	WIDDLE	BELL	20 DATE OF DEA	TH MONTH DAY	84 241
	3. SE	F	4 RACE		YEAR 905 79	AST BIRTHDAY] IF UNI MONTH YRS.	DER 1 YEAR # UNDER :
of Suce.		RTHPLACE (STATE OR FOREIGN COUNTRY) GA.	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARR	RIED .	ITY <u>OR</u> COUNTY OF E	DEATH
SEifled 8	10. C	BALT	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET			WOST OF WORKING LIFE) IN	b. KIND OF BUSINE
G must be		AL RESIDENCE (IF NURSING HOME OR ITALE 136 COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFOR		1 00	RESS / ZIP CODE	nette à
examine 8	14. FA	THER'S NAME LEVI	A I PDC	15. MOTHER'S MA	SEPHINE MID	R	IDDLE
medicol		VAS DECEASED EVER IN U.S. ARA (IF YES, GIVE	WAR OR DATES	6379 ANNI		1913WLa	apay the
ury, or other troume	z	Conditions, if ony, which gove rise to immediate cause (a), storing the underlying couse lost. PART 2. OTHER SIGNIFICANT C	(b) 9 DUE TO, OR AS A CONSEQUI	randoey log	OMA- THE TERMINAL DISEASE OR	CONDITION GIVEN IN	PART Ito
ows ony in	CERTIFICATION	19a. DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORME	D 200 AUTOPSY	IN CERTIFYING	RE FINDINGS USED CAUSES OF DEAT NO
Item 18 sho		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA' (IF EITHER, NOTIFY MEDICAL EXAMINER)	TH HOUR A.M. MONTH DA	21c. HOW INJURY 19	Y OCCURRED (ENTER NATURE C	OF INJURY IN ITEM 18 PART I C	DR PART 2)
orked or I	MEDICAL	71d. IN JURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY [AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC.) 211 LOCATION STREET	CITY	OR TOWN C	OUNTY ST
n 21 is mo		sow the deceased alive an obove, (I) (we) (did) (did nat	ol) ottended the deceased from		9		from the couses sto
NT: # #en		27% SIGNATURE	let A. Zod	PHYS	NDING MEDICAL SICIAN DIRECTOR P	STAFF	8/27/8
MPORTANT		ALBERT	R. 200A	270 ADDRESS	G rearo St	Bult	Jud.
1	23e	BURIAL CREMATION, REMOVAL	8-31-84 P	PROGRESSION CREM	AATORY 73d LOCATION OR TO		INTY Md ST
V83	24 F	INTERAL DIRECTOR			250 DATE REC'D. BY REGIS	TRAR 256, REGISTRAR'S	SIGNATURE

DHMH - 16 50M 4/83 (VRA 15, 4)

DUR!

LAGRENSAUG 2 9 1984

... a Tavidson Pandage



TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after

etoined by the hospital or attending physician.

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

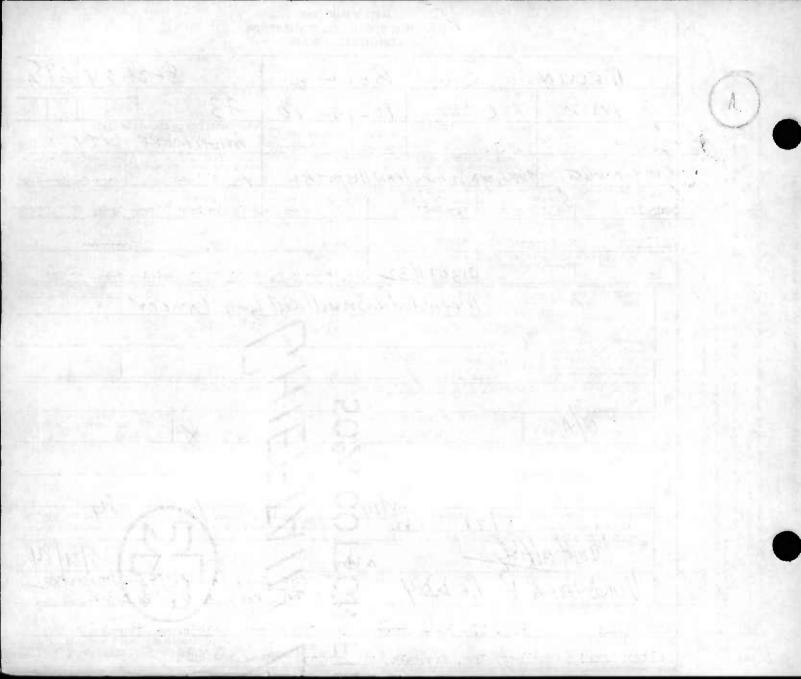
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2	1	1	a
2		4	

16	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENS STATE REGISTRAR CERTIFICATE OF DEATH REG. NO.							
	DECEASED NAME	LVI'N 4. RACE	CHARLES	B. BATE O	ELL Sr.	29. DATE OF DEATH MO	-21-84	26. HOUR
/		ale	e White	MONTH O	-19- 10	73	YRS. DAYS	HOURS MI
ALL V	Lissouri City or town of	U.S.		WIDOWE	D DIVORCED			OF BUSINESS
2	Borinos	RE THE	TIN SUCH FACRITY, GIVE STREET	ADDRESS)	Hospital	Machinist	ORKING LIFE) INDUSTRY	actori
	JSUAL RESIDENCE (F) Jacyland	Baltimore	TITUTION, GIVE RESIDENCE BEFORE 134. CITY OR TOWN Dundalk		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 101 Center P	Place Apt.	816 21
72 //	A FATHER'S NAME	Henry	Bell LAST		IS MOTHER'S MAIDEN N	M.	Koerner	
medicol	WAS DECEASED EY	(IF YES, GIVE WAR OR D		URITY NO.	Ms. Tammy D	ADDRESS Bell 5101 Wr		21205
ant, the	18 CAUSE OF DE PART I. DE AT	ATH Enter only one co H WAS CAUSED BY: IMMEDIATE CAUSE		Fatie	Small cell		BETWEEN	ONSET AND DE
ony injury, or other t	PART 2. OTHER: 190. DATE OF OP	ouse lost. DUE	TO, OR AS A CONSEQUE (c) ONS CONTRIBUTING TO CONDITION FOR WHICH	DEATH BUT			Ob. IF YES, WERE FIND	INGS USED
3	N N N N N N N N N N N N N N N N N N N	V/XI	THE OF BUILDY		121- HOW INDIVIDUO OCCU	YES NO	N CERTIFYING CAUSE YES	NO [
per //	OR COLUMNIALISM		TIME OF INJURY OUR A.M. MONTH D P.M.	DAY YEAR	ZIC HOW INJURY OCCU	JRRED (ENTER NATURE OF INJURY II	N ITEM 18 PART I OR PART 2)	
rked or !	(IF EITHER NOTIFY 21d. INJURY OCC WHILE NO		PLACE OF INJURY HOME STREET, FACTORY, OFFICE,	FARM ETC.)	21f. LOCATION STREET	CITY OR TOWN	COUNTY	STAT
21 is mo		t (1) (this hospitol) at	the deceased from.	84.0	nd that in (my) (our) opinion	to	and hour and from the	, that (I) (we) e couses stated
T. If hem	22b. SIGNA	upfalfix	Sy one deals.		DEGREE ATTENDING PHYSICIAN		N 221. DAY	U/8
IMPORTANT: If Hem	22d WSICIAN	YACA V	REDD	4	BALTIN	good small	21239.	noth
	230 BURIAL, CREMATIC (SPECIFY) Cremation	ON, REMOVAL 23b. D			Mount Cremator	Y 234 LOCATION CITY OR TOWN	e Marylan	od stat
	24. FUNERAL DIRECTO	R	, Inc. Dund		25a. D	ATE REC'D. BY REGISTRAR 251 AUG 2 3 1984	BEGISTRAP'S SIGNA	TO LOUIS

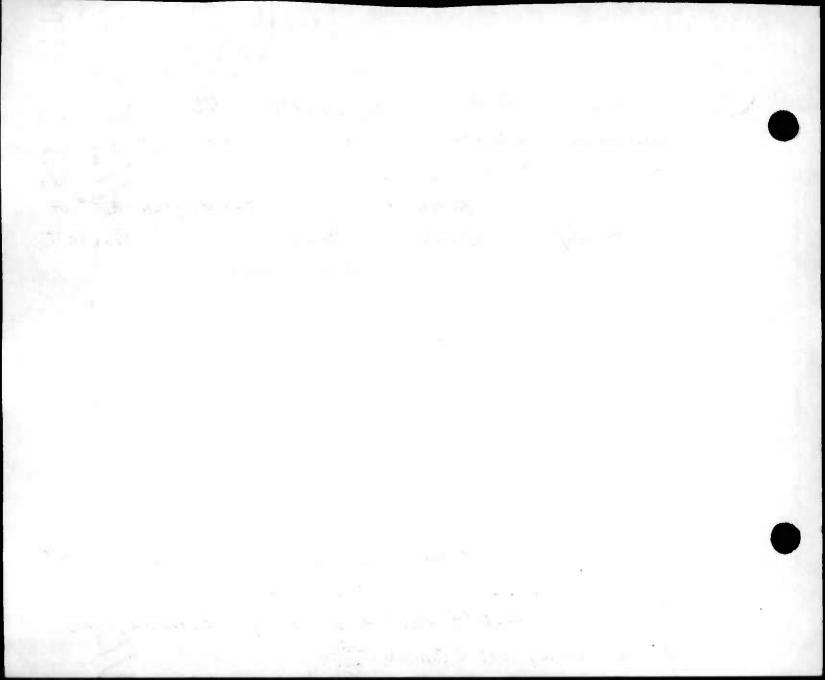
DHMH - 16 50M 4/B2 (VRA 15, 4)

BP.



DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		REGISTRAR		CERTIF	CAIE OF DEATH	REG. NO	
Ī		CEASED NAME FIRST	MIDDLE	- L	12.1	20 DATE OF DEATH MONTH	DAY YEAR 26 HO
a L	11111	ROSIE	E	BI	ELL	8	2384 8
	3 SE		4. RACE	5. DATE C	F BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DATS HOURS
	_	Female	Black	MONTH 3	6/1939	45 YRS	
-1		RTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT COU	. AAADDIE	NEVER MARRIED	9 BALTIMORE CITY OR COUNT	Y OF DEATH
50		naryland	U.S. of Ame	11100112		BALTIMORE CIT	
111		IY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N	E STREET ADDRESS)		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	176 KIND OF BUSIN INDUSTRY
74		SALTIMORE AL RESIDENCE (IF NURSING HOME O	UNION MEMOR		TAL	<u> </u>	7,172,7
		TATE 136 COL	INTY 13t. CITY O		13d INSIDE CITY LIMITS?	130 STREET ADDRESS / ZIP COE 929 Belcien	E 7.4#24
	14. FA	THER'S NAME		more	15 MOTHER'S MAIDEN NA	ME 0	TIPI SKI
500		Brady	WIDDLE	, S	ANNA	MIDDLE	Bket
		AS DECEASED EVER IN U.S. A		L SECURITY NO.	17 INFORMANT	ADDRESS	10071161
o negico	{'	ES, NO OR UNKNOWN) IF YES, G	IVE WAR OR OATES)		ENrico 3	Johnson	
the .		18. CAUSE OF DEATH (Enter of	only one couse per line for 101,	(b), ond (c).)			APPROXIMATE INT
A GU		PART I. DEATH WAS CAUS		iac la	luce		\$1 ho
ofic			DUE TO, OR AS A CON	SEQUENCE OF			
E O		Conditions, if ony, which	(b) Mass		Lu history	arction	11 hrs
		gove rise to immediate couse (a), stating the	DUE TO, OR AS A CON	ISEQUENCE OF)	
40 7		underlying couse last.	(c) PN	e serbero	noledying co	whose disease	-
۲, ۵	7	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTION	IG TO DEATH BUT		INAL DISEASE OR CONDITION G	IVEN IN PART Ita
<u></u>	10	Publik	- anotive e	ncepholog	211	Let absence I on	4
W 0	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATION	N WAS PERFORMED		ES, WERE FINDINGS US IFYING CAUSES OF DEA
ě —	ERTI	71a ACCIDENT WAS UNDERLYING	216 TIME OF INJURY		111. HOW IN DURY OCCUR		(ES NO
9		OR CONTRIBUTING CAUSE OF DE	U0110 4 14 14 14 14 14 14 14 14 14 14 14 14 1	H DAY YEAR	ZIE HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2)
· /	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMIN	P.M. 71e PLACE OF INJURY	19	211 LOCATION		
0	ME	WHILE NOT WHILE	(AT HOME STREET, FACTORY	OFFICE FARM ETC.)	STREET	(ITY OR TOWN	COUNTY
20 .		AT WORK AT WORK	is to be dead at a discount	. 6/3	2/ 10 8	4. 0 /23	84
		27a. I certify that (I) this has sow the deceased alive a		er 516	, 19	death occurred on the date and ho	, 19_B/, that (I)
2		obove, (I) (we) (did) (did n	of) view the body ofter death.		DEGREE	activity of the date and the	22c DATE SIGNE
=		Workert	Not on a	n n	ATTENDING _	MEDICAL STAFF	0/27/
Ž		22d. PHYSICIAN'S NAME LIVE	OR PRINT)	79	PHYSICIAN [DIRECTOR PHYSICIAN	10/07/
Z A Z		ROBERT TAN				7	
1	230	URIAD CREMATION, REMOVA		T234 NAME OF C	METERY OR CREMATORY	RIAL HOSPITAL	
ľ	2300	SPECIFY)	8-28-84		Aubarn ama	CITY OR TOWN	COUNTY
	24. FL	INERAL DIRECTOR	7.20	1/1000///	250 DAT		
83		rNON R. Bail	0:1 12418 11 1	PRESS / Comme	<i>t</i>	ALICO A MODE SU	lia Bairdson-Ro
	Ye	NUN TINUM	cy 1070 14. C	MINDEN	73	HUU Z 4 1984 / "	



STATE OF MARYLAN	D	
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1		REGISTRAR			CERTIF	ICATE OF DEA	TH	REG.	NO.			
		ORPRINT) (LAVER)	YERNE "	DC-	LLAM	AST	20	DATE OF DEATH	8-14	1-84	1935/pm	
I	3. SE X		4. RACE	134	5. DATE C		YEAR 6	AGE (IN YEARS LAST		ONTHS DAYS	IF UNDER 24 HRS	
ļ		MALE BLACK 1 30 29					5.5	YRS.				
J	7a BIF	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF V	VHAT COUN	TRY?	D NEVER MAR	RIED - 9.	BALTIMORE CITY	OR COUNTY	OF DEATH		
	N.		U.S	. A .	WIDOWE	DIVOR	CED 🗌	Baltimo			MD.	
	В	CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL						TYPE OF WORK FOR MOS			OF BUSINESS OR	
A	USUA 130. S	AL RESIDENCE HE NURSING HOME OF	R OTHER INSTITUTION, O	136 CITY OR	BEFORE ADMISSION)	1 134 INSIDE CITY I	IMITS? 113	e.STREET ADDRES	S / ZIP CODE		4.1	
1	Ma	ryland			imore			523 N.		e St.	21223	
T	14. FA	THER'S NAME	MIDDLE	LAS	i.	15. MOTHER'S MA	AIDEN NAME	MIDDLE		tas		
		Freddie	Model	Bel1		Dor				Gor		
1		VAS DECEASED EVER IN U.S. AF			SECURITY NO.	17. INFORMANT	7	ADD	RESS			
1		res no or unknown)	VE WAR OR DATES)	215-3	4-6632	Marie	Ovid	924 Le:	nton A	venue		
ŀ		18 CAUSE OF DEATH (Enter of	nly one couse per l	line far (a). (b), and (c),)					APPROX	MATE INTERVAL	
1		PART I. DEATH WAS CAUSE	ED BY: TE CAUSE (o)	loc.	1 an . Am	Z_lu						
1		IMMEDIA	20.0	1								
			DUE TO, OR	1	SEQUENCE OF	. 1		1.	1			
1		Conditions, if ony, which gave rise to immediate	(b)	ute 57	ATUC (-0+ 8+ L	outh	(angr)	phany	NX.		
ł		cause (a), stating the	DUE TO, OR	AS A CONS	SEQUENCE OF							
1		underlying couse last	(10)									
1		PART 2 OTHER SIGNIFICANT	CONDITIONS CO	NTRIBUTING	G TO DEATH BUT	NOT RELATED TO	THE TERMIN	AL DISEASE OR CO	NDITION GIVE	N IN PART 1	a ·	
1	20											
1	CERTIFICATION	190 DATE OF OPERATION	196 CONDIT	TION FOR W	HICH OPERATIO	PERATION WAS PERFORMED					ERE FINDINGS USED	
/	FF	Market State of the Control of the C						YES NO		rING CAUSES	OF DEATH?	
1	ERT	21g. ACCIDENT WAS UNDERLYING	7 216. TIME OF	INJURY		21c. HOW INJUR	Y OCCURRED	(ENTER NATURE OF IN				
4		OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.A		DAY YEAR							
1	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE	R) P.A 21e PLACE C		19	211. LOCATION						
ı	MEC	WHILE NOT WHILE			FFICE, FARM ETC	STREET		CITY OR	NWOT	COUNTY	STATE	
		AT WORK AT WORK				12			1//	C201	Land D	
1	12.	22a I certify that (I) (this hosp	Λ	deceosed f	- 4 3		9 800				that (I) (we) last	
ı		saw the deceased alive ar above, (I) (we) (did) (did no			19 <u>3-1</u> , a	nd that in (my) (ou) opinian dec	oth accurred an the	date and have			
ı		226. SIGNATURE	1			DEGREE				22c. DATE	SIGNED	
1		Jones	and i	Son	~ .			MEDICAL S'	SICIAN B	8/1	15/84	
1		224 PHYSICIAN'S NAME (TYPE	OR PRINT)	120		22e. ADDRESS						
1		Glenjon	W D 4	us		100						
+	23e B	BURIAL, CREMATION, REMOVAL	23b. DATE		23¢ NAME OF C	EMETERY OR CREA	MATORY	23d LOCATION				
1		URIAL	8/20	/84	~	emoria1		CITY OR TOWN	1 stown	COUNTY	Md.	
1		JNERAL DIRECTOR	0,20	, , ,	In Ting In	CMULIAI		REC'D. BY REGISTR.				
		NAME C March F/I	JIno		F Nort	h Avenu	AUG		guha L	RARIS SIGNAT	Monasor	

DHMH - 16 50M 4/83 (VRA 15, 4)

Wm C March F/H Inc. 1101 E North Avenue

retained by the hospital or attending physician.

MPORTANT: If Item 21 is marked or Item 18 shaws ony injury, ar other troumotic event, the medico TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physicion and c should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages with the State Dept of Health and Mental Hygiene priar to burial, cremation, or removal.

poge 3

corbon popers. Poges physicion

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE

		REGISTRAR		CERTI	FICALE OF DEATH	REG. NO).		
		CEASED NAME FIRST	MIDDLE		LAST		MONTH DAY	YEAR	2h. HOUR
	[TYPE	PAULINE PAULINE		A . B	ELT	AUGUST	10,1984		11:00p M
	3 SEX		4. RACE		OF BIRTH	6. AGE (IN YEARS LAST BIRT			IF UNDER 24 HRS.
		FEMALE	WHITE	6 mon	29 1905	79	YRS.	DAYS	HOURS MINL
West Virginia		OUNTRY)	76. CITIZEN OF WHAT U.S.A.	COUNTRY? 8. MARRI WIDOW	ED NEVER MARRIED DIVORCED	9 BALTIMORECITY O	COUNTY OF DE	ATH	445
10. CITY OR TOWN OF DEATH					OR OTHER INSTITUTION	120 USUAL OCCUPATION	ON 126.	KIND OF	BUSINESS OR
1	Ва	ltimore /	St. Agne	ty, GIVE STREET ADDRESS) es Hospital		Owner		andy	Store
1	13a. S	1.7	ITY 136. C	SIDENCE BEFORE ADMISSION ITY OR TOWN S. Salonga	13d. INSIDE CITY LIMITS? YES NO 🔀	13e STREET ADDRESS / 13 Green K	ZIP CODE noll Ct.	799	768
8	FA		marles Ke	tast eener	15. MOTHER'S MAIDEN NA FIRST Anna	MIDDLE	Thom	as	
5		AS DECEASED EVER IN U.S. AR		OCIAL SECURITY NO.	17 INFORMANT	Caton	sville,	MD.	21228
5	(4	ES NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES} 23	235-54-6164 Ned Schleig - 204 Brookside D					
		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIAT Conditions, if ony, which gove rise to immediate cause (a), storing the underlying cause lost. PART 2 OTHER SIGNIFICANT C	D BY: E CAUSE (o) DUE TO, OR AS A (b) DUE TO, OR AS A	ARDIO PUL CONSEQUENCE OF	MONARY AR			SETWEEN OF	HAPE MTERVAL
2	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION	FOR WHICH OPERATION	ON WAS PERFORMED	200 AUTOPSY? YES NOK		WERE FINDINGS USED ING CAUSES OF DEATH?	
1	AL CERT	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. A	IRY MONTH DAY YEAR	21c HOW INJURY OCCUR	RRED (ENTER NATURE OF INJUR	Y IN ITEM IS PART I OR	PART 2)	
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK AL WORK	21e. PLACE OF INJ		211 LOCATION STREET	CITY OR TO	NN CO	YTMU	STATE
		22a I certify that (I) (this haspi sow the deceased alive an above, (I) (we) (did) (add)	8-10	19 84	ond that in (my) (our) opinion	, to 8-10 death occurred on the da	ote and have and le	, Tf	hat (I) (we) lost ouses stated
		22b. SIGNATURE January	1- Sue M			MEDICAL STAF	. /	Aug.	10,1984
		22d PHYSICIAN'S NAME (TYPE O	E L LOS	M.)	37. AGN	ies's Hosp	TPL		
		URIAL, CREMATION, REMOVAL SPECIFY) Urial			cemetery or crematory	23d LOCATION CITY OR TOWN Barracks	ville Ma	rion	W. Va.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physici should be detoched for use as the buriol-transit permit. Then please remove carbon poper with the State Dept of Health and Mental Hygiene prior to buriol, cremation, or removal. MPORTANT: If Hem 21 is marked or them 18 shows any injury, or other traumatic event, the retained by the hospital or BP. DHMH - 16 50M 4/83 (VRA 15, 4)

PHYSICIAN: The low ottending physicion

ATTENDING

1630 Edmondson Ave., Catonsville, MD. 21228

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STATE OF MARYLAND

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1 - STATE REGISTRAR	DEF	CERTIFICATE OF DEATH	REG. NO.	
1. DECEASED NAME FIRST PLANTS (Bein Bo	Meyer MIDDLE	(Meyer)	2a DATE OF DEATH MONTH	28 84 715 pm
3. SEX	4. RACE	S. DATE OF BIRTH MONTH DAY YEAR OF		IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN. RS.
76. BIRTHPLACE ISTATE OR FOREIGN COUNTRY) S. Carolina	76 CITIZEN OF WHAT COUNT	MARRIED LI NEVER MARRIED LI WIDOWED DIVORCED X		ACRE CITY MD
BALTIMORE	504th BA	IRSING HOME OR OTHER INSTITUTION TREET ADDRESS) Litimore General	120 USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKI	NG LIFE) 126 KIND OF BUSINESS OR INDUSTRY
130. STATE 136 CC		More YES A NO	13e STREET ADDRESS / ZIP C	INS Ferry Re
14 FATHER'S NAME FIRST Prince	MIDDLE LAST Benbo	IS. MOTHER'S MAIDEN NO.	Mable	Jones
160 WAS DECEASED EVER IN U.S. 1485, NO OR UNKNOWN) 148 YES	. GIVE WAR OR DATES)	9-0710 Annie T. I		shington, D.C. St.NE 20002 APPROXIMATE INTERVAL ESTIMEN ONSET AND DEATH
Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	107	Slage Lui	ARREST ng Car	
PART 2 OTHER SIGNIFICAN 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING		TO DEATH BUT NOT RELATED TO THE TER	20a AUTOPAY? 20b. I	F YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES \ \ NO \ \
OR CONTRACTOR OF CAUSE OF	DEATH HOUR A.M. MONTH	DAY YEAR 19	RRED (ENTER NATURE OF INJURY IN ITER	M IS PART I OR PART 2)
GREETHER, NOTIFY MEDICAL EXAM (IF EITHER, NOTIFY MEDICAL EXAM 21d. INJURY OCCURRED WHILE AT WORK AT WORK	21e PLACE OF INJURY LAT HOME, STREET, FACTORY, OF	0/ 1/00 0	CITY OR TOWN	COUNTY STATE
sow the deceased alive above, (1) (we) (did) (did	ospital) attended the deceased from 1/2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	19 7, and that in (my) our) pinior	n death occurred on the date and	hour and from the couses stated
22h SIGNATURE.	Beleck	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	F-28-6
22d PHYSICIAN'S NAME (TE OR PRINTING	22e ADDRESS		

DHMH - 16 50M 4/83 (VRA 15, 4)

should be detoched for unit the State Dept. of H MPORTANT: If he

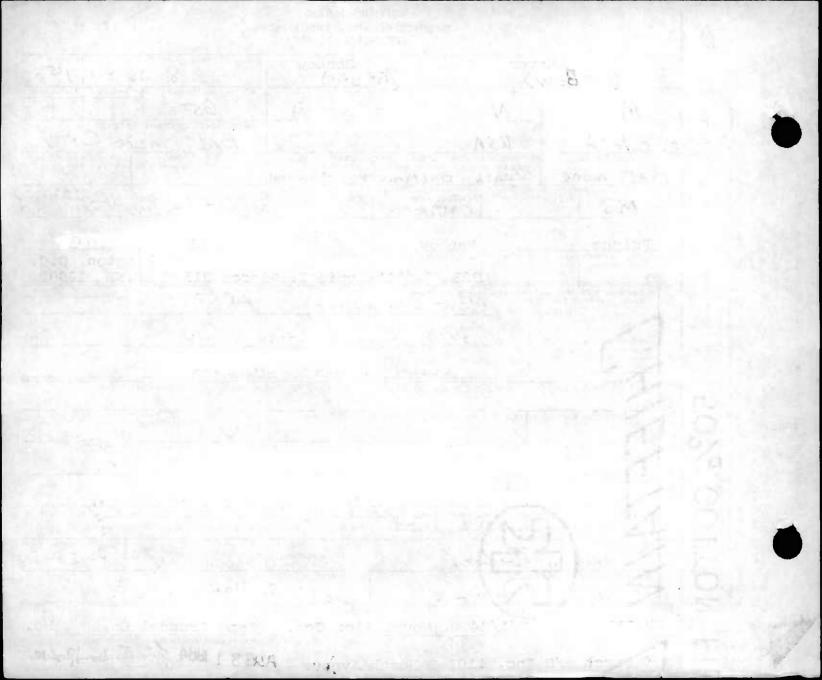
23a BURIAL, CREMATION, REMOVAL 23b. DATE BURTAL 9/1/84 23c NAME OF CEMETERY OR CREMATORY Mount Zion Cem.

23d LOCATION
CITY OR TOWN
Anne Arundel Co,

Md.

24 FUNERAL DIRECTOR

Wm C March F/H Inc. 1101 E North Avenu



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MPORTANT:

be Hygiene

DEPARTM	STATE OF MARYLAND LENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IENE) REG. N	40.	1	2.	. 3	ľ
DIE A 4	LAST	20 DATE OF DEATH	MONTH	DAY	YEAR	2b HOUF	3
M	BENESCH	0	18.	30	84	7 -	0-14
4	5 DATE OF BIRTH	6 AGE (IN YEARS LAST BE	RTHDAY	# UNDE	R I YEAR DAYS	IF UNDER 2	MIN.
askan	MONTH DAY YEAR	79	YRS	MONTHS	DATS	HOURS	project,
IAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY	OR COUNT	TY OF DE	ATH		
A	WIDOWED DIVORCED	Ba	Ltin	ione	CL	ty	MD.
SPITAL NURSIN	G HOME OR OTHER INSTITUTION	12a USUAL OCCUPAT	TION	12h	KIND OF	RUSINE	SSOR

DECEASED NAME FIRST (TYPE OR PRINT) EDWARI 4 RACE 3. SEX Cauc 7. BIRTHPLACE 76 CITIZEN OF WI NAME OF HO (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) South Bultmone General Itim one HOSPITAL USUAL RESIDENCE HE NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 136 COUNTY 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE 13o. STATE 13c. CITY OR TOWN MARRYLA YES TA LATROBE It im me NO 15 MOTHER'S MAIDEN NAME 14. FATHER'S NAME MIDDLE Jose PHINE JUSEPH BENESCH BAITO GENERAL HOS 169 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT HEYES GIVE WAR OR DATEST 3001 S. HAWOYER ST. 705 10 00 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (D) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION Epileptic Seizures, CHF tion EVENT. TACKYCARdia, Diubetes MelliTos 201 IF YES, WERE FINDINGS USED 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY CERTIFYING CAUSES OF DEATH? YES | NO [] 21a. ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH P.M. HE ETTHER NOTHEY MEDICAL EXAMINER 21f LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY STREET CITY OF TOWN COUNTY STATE AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a.1 certify that (1) (this haspital) attended the deceased from that (I) (we) last saw the deceased alive on above, (I) (we) (did) (did not) view the body after doubt. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated DEGREE 22c DATE SIGNED 22h SIGNAJORE ATTENDING STAFF PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN 236. DATE

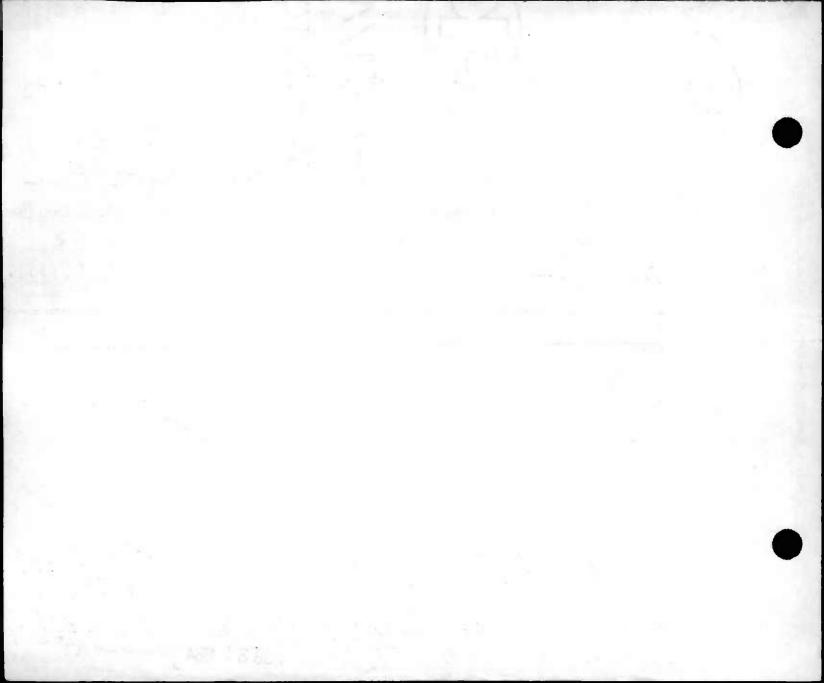
23a BURIAL, CREMATION, REMOVAL

STATE REGISTRAR

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL E should be detor with the State D

BY REGISTRAR 250 REGISTRAR'S SIGNAT



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CER	TIFICATE OF DEATH	REG. N	0	
1. DECEASED NAME	FIR51	MIDDIE	LAST	26 DATE OF DEATH		26 HOUR
(TYPE OR PRINT)	Charlotte	C.	BENNETT	August 2	27, 1984	4:27P _M
3. SEX	4. RACE		TE OF BIRTH	6. AGE (IN YEARS LAST BIR	MONTHS DAY	
7 Female	В	lack	8 02 1934	50	YRS.	AOURS MIN,
To BIRTHPLACE (STATE	OR FOREIGN 76. CITIZEN OF	WHAT COUNTRY?	RRIED NEVER MARRIED	9 BALTIMORE CITY C	OR COUNTY OF DEATH	
Maryland	U.	and the same of th	OWED NORCED	Baltimore	e City	MD.
Baltimore	EATH 11. NAME OF		ME OR OTHER INSTITUTION HOSpital	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST OF NUTSES AIC	OF WORKING LIFE) INDUSTE	of Business OR RY sing Home
	URSING HOME OR OTHER INSTITUTION				ZIP CODE 5991	
Maryland	Howard	Columbia	YES X NO	13e STREET ADDRESS	columbia. Mo	narper's
14. FATHER'S NAME	Noward	Columbia	15. MOTHER'S MAIDEN NA		Oldinola, Mc	21044
Dougla		Snell	Dorothy	MIDDLE	Wat	tkins
16. WAS DECEASED EV (YES, NO OR UNKNOWN)	ER IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES)	166 SOCIAL SECURITY N 213-32-1881			Sakland Mil	
	ATH (Enter only one couse per	1	TILDS MIGCIA	SHELL COLUM	APPR	ROXIMATE INTERVAL EN ONSET AND DEATH
PART 2. OTHER SI	use lost. (c)		BUT NOT RELATED TO THE TERM	Onia.	206. IF YES, WERE FIN IN CERTIFYING CAUS	DINGS USED SES OF DEATH?
21e. ACCIDENT WAS	UNDERLYING 7 216 TIME C	E INTUIN	21c HOW INJURY OCCUR	YES X NO	YES X	NO []
	1,000	M. MONTH DAY YE	AR TETIOW INJORT OCCUR	TED TENTER NATURE OF INJU	RY IN HEM IS PART LORPART	()
OR CONTRIBUTING L			211. LOCATION			
ALLIE NO		OF INJURY REET, FACTORY, OFFICE, FARM, ETC		CITY OR TO	OWN COUNTY	STATE
220.1 certify that saw the dece obove, (M) we 22b. SIGNATURE	KK(this hospital) attended the cased alive as August (idid) (didXXX) yiew the body	21 19 84	ond that in (my (our) opinion DEGREE ATTENDING PHYSICIAN 22e ADDRESS C/O Mary1.	MEDICAL STA	ote and hour and from t	
236. BURIAL, CREMATIO			DF CEMETERY OR CREMATORY Lawn Memorial (23d. LOCATION CITY OR TOWN	Howard, N	STATE
24 NUNERAL DIRECTOR		wynns Falls	Parkway 250. DA	JG 2 4 1984		ATURE

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and c should be detoched for use as the buriol-transit permit. Then please remove corbandapers. Pages, should be detoched for use as the buriol-transit permit. Then please remove corban paper with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

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PORTANT: If them 21 is marked or them 18 shows any

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TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physicion and coi should be detached for use as the burial-transit permit. Then please remove corban papers. Pages 1 with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

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with the State Dept. or necessary in MPORTANT: If Item 21 is marked or Item 18 shows only

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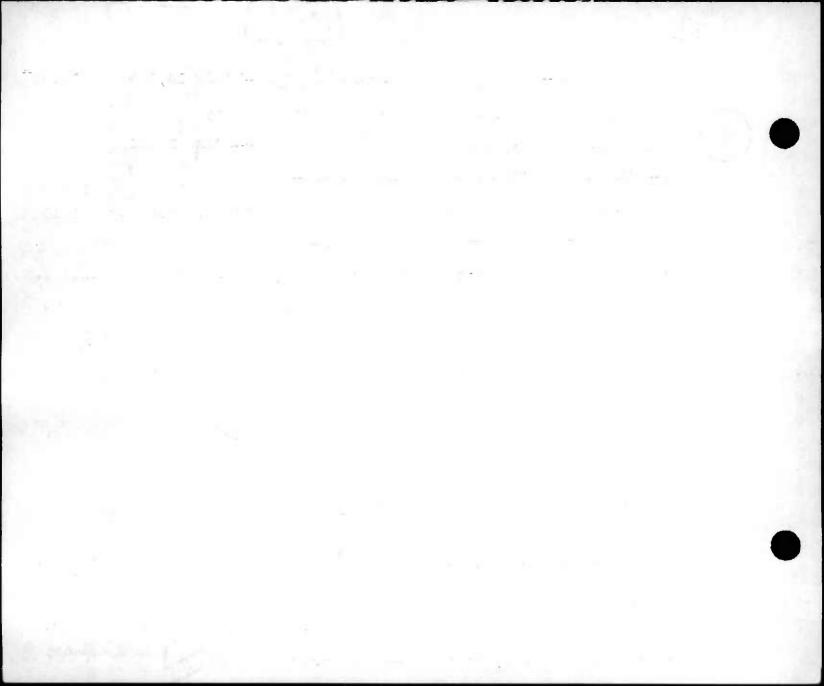
TO HOSPITAL OR ATTENDING PHYSICIAN. The retained by the hospital or attending physician. FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	-	REGISTRAR		CERTIF	ICATE OF D	EAIM	REG.	NO.		
ł		CEASED NAME FIRST	MIDDLE	L/	AST		20 DATE OF DEATH		AY YEAR	2b HOUR
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Ī	3. SEX		4 RACE	5. DATE O		YEAR	6 AGE (IN YEARS LAST		UNDER TYEAR	IF UNDER 24 HRS HOURS MIN.
		female	black	6	2	11	7.3	YRS	0.1.10	NOORS MIRC
d	Ja BIR	OUNTRY)	76 CITIZEN OF WHAT COUN	TRY? 8	NEVER A	ARRIED -	9 BALTIMORE CITY			
4) M	aryland	U.S.A.	WIDOWE	D DN	ORCED 🗌	BALTIMO	RE CI		MD.
-		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU				12a USUAL OCCUPA			OF BUSINESS OR
5		ALTIMORE	THE JOHNS		HOSP	ITAL				
2	USUA 130 S	L RESIDENCE (IF NURSING HOME O	NTY 136 CITY OR	BEFORE ADMISSION)	13d. INSIDE CI	TY LIMITS?	13e.STREET ADDRES	S / ZIP CODE		
		ryland	Balt	imore	YES 🗽	NO []		Broady	way	21213
	14 FA	THER'S NAME	MIDDLE			MAIDEN NAM	AE MIDDLE		LAS	
ᆀ	14 14	/AS DECEASED EVER IN U.S. AI	THE FORCESS IN SOCIAL	SECURITY NO.	No 17 INFORMA		ADI	RESS	Smit	0
-1	{Y	ES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES)							
	N	0	217-0	9-4540	Willi	am H.	Bennett	1309	N. Bro	oadway
ı		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly one couse per line for (o), (I	ond (c)					" /	MATE INTERVAL ONSET AND DEATH
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Ц			DUE TO, OR AS A CONS	EOUENCE OF)				0/	(2)
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		gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONS	EOUENCE OF				5		6.104
١		underlying couse lost	l 10 bila	teral	cereba	ovascen	lar recci	dents	1/1	8/84
١	٦.	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED	TO THE TERMI	INAL DISEASE OR CO	NDITION GIVE	N IN PART 1	0
┙	6									
	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATIO	N WAS PERFO	RMED	20a AUTOPSY?		WERE FINDING CAUSES	NGS USED S OF DEATH?
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		210 ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DE		DAY YEAR	ZIE HOW IN	JURY OCCURR	ED (ENTER NATURE OF IN	IJURY IN ITEM 18 PA	RT 1 OR PART 2)	
	CA	(IF EITHER NOTIFY MEDICAL EXAMINE	P,M	19						
П	MEDICAL	214 INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY O	FICE, FARM ETC.)	211 LOCATIO	7	CITY OR	TOWN	COUNTY	STATE
		AT WORK AT WORK		737	<u> </u>					
		22a.1 certify that (I) (this hosp	oital) attended the deceased f	om Fei	7	. 19 84	, to	10 1		that (I) (we) lost
н		sow the deceased olive or	ot) view the body offer death.	19	nd that in (my)	(our) opinion d	death occurred on the	date and hour		
- 1		22b. SIGNATURE	>-		DEGREE	775.104.10			22c. DATE	SIGNED
_	- 1	Charle k	5 Viceria			TTENDING HYSICIAN	MEDICAL S	TAFF SICIAN 🙀	371	10/84
1		226 PHYSICIAN'S NAME (MPE	OR PRINT)		22e. ADDRES	5			,	
		Marles B	. Treasure		60	O N. (wolfe St	. Bal	ltimore	MD 51502
		URIAL, CREMATION, REMOVAL		23c NAME OF C			23d LOCATION		COUNTY	STATE
		URIAL	8/14/84	King M	lemori			llstown		Md.
	24 FU	INERAL DIRECTOR	ADD	RESS			REC'D. BY REGISTR	Tura Da	HOAMA	ande RO
	Wm	C March F/H			n Aven	ue AUG	1 3 1984	d	- ,	

DHMH - 16 50M 4/83 (VRA 15, 4)

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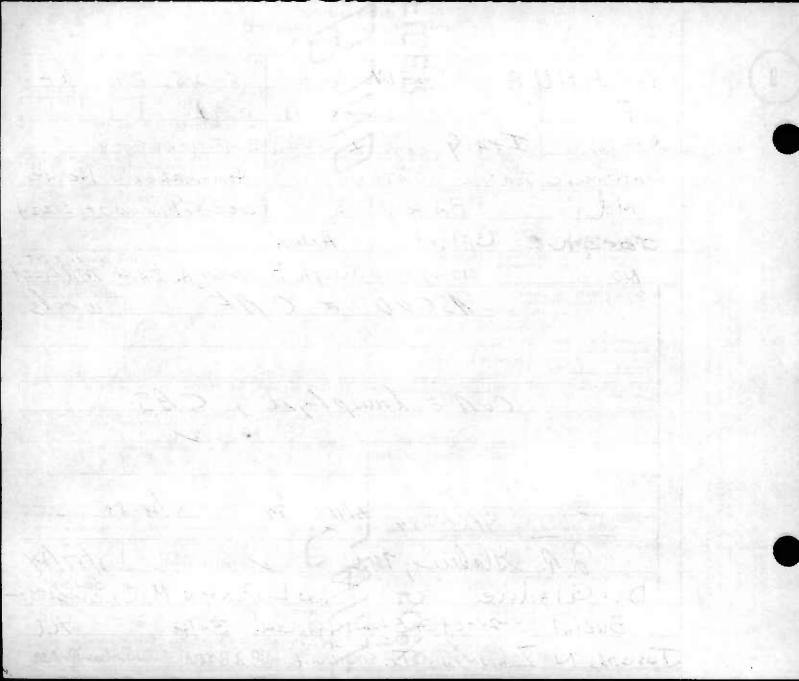
	1.	FOR STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES CERTIFICATE OF DEATH REG. NO.	
B2) 25	(TYPE	CEASED NAME FIRST tonina A N A	NA BENENGA 20. DATE OF DEATH MONTH DAY YEAR 26 HOURR 24 14 RACE S.DATE OF BIRTH MONTH DAY YEAR # UNDER 24 MONTH DAY YEAR # UNDER 24 MONTH DAY YEAR # UNDER 24	HRS
ter death. Page within 72 boars fied at ane.	~	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED SHOWER CITY OR COUNTY OF DEATH WIDOWED DOWNORCED BALTIMORE CITY OR COUNTY OF BUSINESS 11. NAME OF HOSPIAL, NURSING HOME OR OTHER INSTITUTION 1726. USUAL OCCUPATION 1726. KIND OF BUSINESS	MD.
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ompletely 1 and 2 sh		ATHER'S NAME SIPST VAS DECEASED EVER IN U.S. ARE	ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 2702 6 240 6	24
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hat the death cert by the ottending sse remove cobon i, cremation, or ree		Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUENCE OF (b)	_
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R ATTENDING hospitol or of the spitol or of the spitol or of the spitol		220.1 certify that HT (this hosp	Lock view the body ofter death. DEGREE 276. DATE SIGNED	4
O HOSPITAL O etained by the TO FUNERAL D should be detect with the State D		27d PHYSICIAN'S NAME (IVE O	ATTENDING MOTCAL STAFF PHYSICIAN DIRECTOR PHYSICIAN STAFF PHYSICIAN DIRECTOR PHYSICIAN STAFF PHYSICIAN DIRECTOR PHYSICIAN STAFF Adve John L. Denton M. C. GRAPHI AND L. D	1/2 35.5

DHMH - 16 50M 4/83 (VRA 15, 4)

230. BURIAL, CREMATION, REMOVAL

die 23b. DATE ETERY OR CREMATORY 23d LOCATION
CHYOSTOWN
S. CONKLING 250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE
ALIC O Q 1001
Julia Sandar Fundase JOSEDK

23c. NAME OF CEMETERY



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the first should be detached for use as the burial-tronsit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with

should be detached for use as the buriol-tronsit permit. Then please with the State Dept. of Health and Mental Hygiene prior to buriol, cr. IMPORTANT. If them 21 is marked or them 18 shows any injury, or other

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENES

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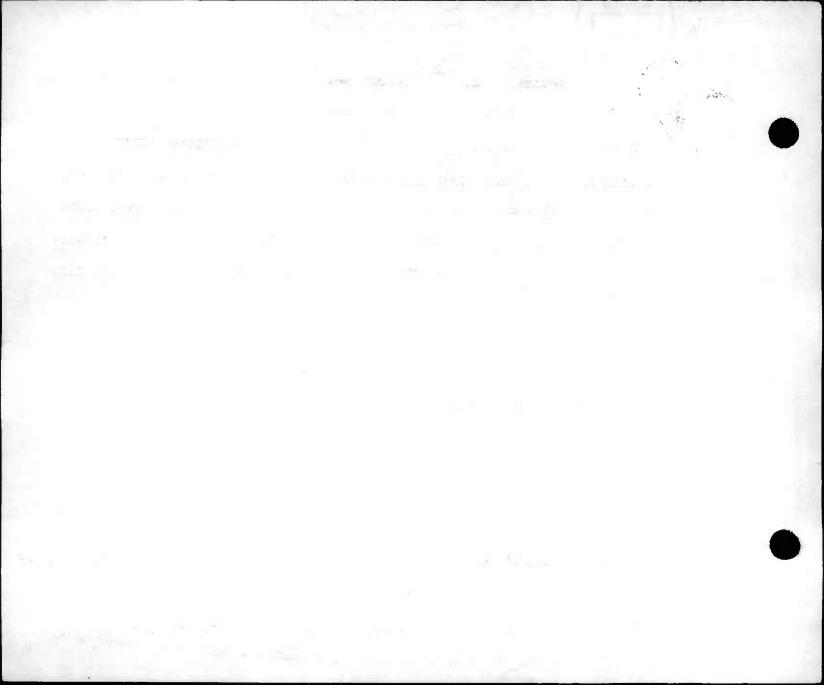
1 -	FOR STATE			DEP		EALTH AND MENTAL HY	GIENE)	in s	, -	
	REGISTRAR					ICATE OF DEATH	REG. N			
	CEASED NAME	FIRST		MIDDLE		ASI	2a DATE OF DEATH	MONTH D	NA3Y YEAR	2h HOUR
(On Falletty	HAR		DF	LTON	BERRY	`	8/1	9/84	3:30 P M
3. SE	x	AND REAL PROPERTY.	RACE	2001	S. DATE O	FBIRTH	6. AGE (IN YEARS LAST BE		IF UNDER 1 YEAR	IF UNDER 24 HRS.
	Male		White	6	Marc	ch 27, 1902	82	YRS	AONTHS DAYS	HOURS MIN.
7a. BI	RTHPLACE (STATE OR F	OREIGN 76	CITIZEN OF	WHAT COUN	ITRY? 8	XX NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY	OF DEATH	
	Maryland		U.S.A	۸.	WIDOWE		W = Y / 100 700 / CO	RE CI	TY	MD.
10. C	BALTIMORE	(TH 11.	(IF NOT IN SUC	H FACILITY, GIVE	URSING HOME O STREET ADDRESS)	ROTHER INSTITUTION	17g USUAL OCCUPAT (TYPE OF WORK FOR MOST) Owner- J.	OF WORKING LIFE	INDUSTRY	OF BUSINESS OR
Ma Ma	AL RESIDENCE (IF NURS STATE aryland	131 COUNTY Balti	ER INSTITUTION,	GIVE RESIDENCE 13c. CITY OR TOWSO	BEFORE ADMISSION)	13d INSIDE CITY LIMITS?	37 Alleg	/ ZIP CODE heny A	ve. 21	204
14. FA	Harry	W.	DIE	Ber		IS. MOTHER'S MAIDEN N Sotiebe			Parl	ette
	VAS DECEASED EVER			16b SOCIAL	SECURITY NO.	17 INFORMANT	ADDR	ESS		
(NO OR UNKNOWN)	(IF YES, GIVE W	AR OR DATES)	216-03	3-8799A	Mrs Lida I	May Berry, S	ame As		
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	Conditions, if ony, gove rise to imm couse (a), stofin underlying couse	(b)	Cardia RAS A CONS	SEQUENCE OF SEQUENCE OF SECLE 1=15	ry e Vasc. Dis	e a s e				
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	210. ACCIDENT WAS UNE OR CONTRIBUTING (IF EITHER NOTIFY MEDI	AUSE OF DEATH	21b. TIME O HOUR A P	M. MONTH	DAY YEAR	21c HOW INJURY OCCU	JRRED (ENTER NATURE OF INJ	ARI I ORPARI 2)		
MEDICAL	214 INJURY OCCUR!	ILE 🗍	21e PLACE		FFICE FARM ETC)	211 LOCATION STREET	CITY OR TO	OWN	COUNTY	STATE
	sow the decease above, (1) (we) (c	ed alive on	8/	7 /	- 11	d that in (my) more opinio	. 10	late and hour		that (IF (we) last causes stated
	226 SIGNATURE	1. Slo	thos	-			MEDICAL STA		8/1-	9/84 4P
	224 PHYSICIAN'S NA					22e ADDRESS				
		7. Gla					Memorial F	tosp		
	BURIAL, CREMATION, (SPECIFY) Crematio		736 DATE 8-20-	0.4		Cromatana	CITY OR TOWN	co M	COUNTY	STATE
24. FI	UNERAL DIRECTOR	II.	0-20-	-04	westvie	Crematory O York Rd 250.D	Baltimo:	IN HEGIST	ATANA MARIA	R
	NAME	Funor	l Dame	ADD	POWEOD	, Md. 21204	321 1984 7	THE PART	and a self	Ł.
1/1	TORPOIL	Tunelo	T DOILE	S, THO	· TOMPOIL	, I'IU. ZIAGT	Ų			

Ruck Towson Funeral Home, Inc. Towson, Md.

DHMH - 16 50M 4/83 (VRA 15, 4)

etoined by the hospital or

BP.



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

5,140	

	- STATE REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO.	
	DECEASED NAME FIRST	WIDDLE	BIDD	rson SR	20. DATE OF DEATH MONTH	-7-84 2 8 M
3	SEX	4. RACE	5. DATE C	DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER TYEAR IF UNDER 24 HRS.
7	O. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT CO	UNTRY? 8. MARRIE WIDOWE	D NEVER MARRIED D	PALTIMORE CITY OR CO	- 0-
	O CITY OR TOWN OF DEATH Baltimore	11. NAME OF HOSPITAL,	NURSING HOME		12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK Clerk	126 KIND OF BUSINESS OR
	USUAL RESIDENCE (IF NURSING HOME O 130. STATE 13b. COU	NTY 13c. CITY		13d. INSIDE CITY LIMITS? YESXXX NO	13. STREET ADDRESS 2812 Glendal	e Ave. 21234
1	FATHER'S NAME FIRST Charles		dison Sr	IS MOTHER'S MAIDEN NAM	MIDDLE	LAST
T		RMED FORCES? 16b SOCI	ID 3382	Steven M. Bi	ADDRESS ddison same	as 13e
Ī	18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	nly one couse per line for to	ENO CA	RCINOMA C	~ /	BETWEEN ONSET AND DEATH MONTH
NOI	gave rise to immediate					
	cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT		ING TO DEATH BUT			
	cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT	(c)	ING TO DEATH BUT		20a AUTOPSY? 20b.	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO
	PART 2 OTHER SIGNIFICANT PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING	CONDITIONS CONTRIBUT 19b. CONDITION FOR 21b. TIME OF INJURY HOUR A.M. MON	ING TO DEATH BUT	N WAS PERFORMED	20a AUTOPSY? 20b.	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES \(\text{NO} \)
	PART 2 OTHER SIGNIFICANT PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	CONDITIONS CONTRIBUT 19b. CONDITION FOR 21b. TIME OF INJURY HOUR A.M. MON	NTH DAY YEAR	N WAS PERFORMED	200 AUTOPSY? 20b. IN C	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES \(\text{NO} \)
	PART 2 OTHER SIGNIFICANT PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE AT WORK 22c. I certify that (I) (this hosp saw the deceased alive in	(c) CONDITIONS CONTRIBUT 19b. CONDITION FOR 21b. TIME OF INJURY HOUR A.M. MON P.M. 21e. PLACE OF INJURY (AT HOME STREET, FACTOR)	NTH DAY YEAR 19 Y Y, OFFICE, FARM, ETC.)	21c. HOW INJURY OCCURR 21f. LOCATION STREET	206 AUTOPSY? 20b. IN C	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO EM 18. PART 1 OR PART 2]
	PART 2 OTHER SIGNIFICANT PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMINE 22a. I certify that (I) (this hosp saw the deceased alive in the deceased of the individual decimal control of the individual control of the in	19b. CONDITIONS CONTRIBUT 19b. CONDITION FOR ATH HOUR A.M. MON P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTOR 11tol) attended the decease 1 with body ofter deat	NTH DAY YEAR 19 Y Y, OFFICE, FARM, ETC.) d from 19 , office,	216. HOW INJURY OCCURR 216 LOCATION STREET 19 dd that in (my) (aur) apinion o	206 AUTOPSY? 20b. IN C	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO COUNTY STATE COUNTY STATE 19 that (I) (we) lost and hour and from the causes stoted 27t. DATE SIGNED
	PART 2 OTHER SIGNIFICANT PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING (IF EITHER NOTHER MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 220. I certify that (I) (this hosp sow the deceosed olive	19b. CONDITIONS CONTRIBUT 19b. CONDITION FOR ATH HOUR A.M. MON P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTOR 11tol) attended the decease 1 with body ofter deat	NTH DAY YEAR 19 Y OFFICE, FARM, ETC.) d from 19 d from 19 d from	21c. HOW INJURY OCCURR 21f LOCATION STREET 19 10 10 11 11 12 12 12 12 12 12	200 AUTOPSY? 200. IN C YES NO CONTROL OF INJURY IN IT CITY OR TOWN ADDICAL STAFF	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO COUNTY STATE COUNTY STATE 19 that (I) (we) lost and hour and from the causes stoted 27t. DATE SIGNED
	COUSE (0), stating the underlying cause last. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIFETIMER NOTHER MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE AUGUST 22b. I certify that (1) (this hosp saw the deceosed alive cause of the contribution	CONDITIONS CONTRIBUT 19b. CONDITION FOR 21b. TIME OF INJURY HOUR A.M. MON P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTOR) 11tol) attended the decease 11tol of the body ofter deat	NTH DAY YEAR 19 Y OFFICE, FARM, ETC.) d from 19 A office, or	216. HOW INJURY OCCURR 216 LOCATION STREET 19 And that in (my) (our) opinion of DEGREE ATTENDING PHYSICIAN 220 ADDRES CHEETERY OR CREMATORY	200 AUTOPSY? 20b. IN C YES NO CITY OF TOWN CITY OF TOWN ADDICAL STAFF DIRECTOR PHYSICIAN	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO CENTIFYING CAUSES OF DEATH? YES NO COUNTY STATE COUNTY STATE 212. DATE SIGNED 22. DATE SIGNED COUNTY STATE

DHMH - 16 50M 4/82 (VRA 15, 4)

Ruck.

Inc.

5305 Harford Rd

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the fushould be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 shauld be filled with with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, or removal.

INPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the medical exo

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after

retained by the hospital or attending physician.

BP.

must be notified of on

12	Ti	FOR - STATE REGISTRAR	DEF	PARTMENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE REG. NO	2 1 1	2 9
-		CEASED NAME FIRST	MIDDLE		AST		MONTH DAY YEAR	
A Dog	1	JAMES	7.	BIGGS		8		7:50 M
9e 4 mo	3, SE	×	REGRE		DAY 24	6. AGE (IN YEARS LAST BIR	YRS DA	YS HOURS MIN.
neral di nn 72 ho		IRTHPLACE IS THE ORFOREIGN	16. CITIZEN OF WHAT COUN	WIDOWE		BALTIMORE		MD.
by the fune filed within motified at	10 5	alto-	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE VAMC BALTIM	E STREET ADDRESS)	21218	120 USUAL OCCUPATI		D OF BUSINESS OR RY
24 hou filled in ould be	130.	AL RESIDENCE (IF MURSING HOME STATE 13b. COI		E BEFORE ADMISSION)	13d INSIDE CITY LIMITS?	13. SIREET ADDRESS	ZIP CODE WALFE	1191313
mpletely and 2 sh	14. F	ATHER'S NAME FIRST	MIDDLE LA	ST	15 MOTHER'S MAIDEN NAMES AND COMPANY	ME MODIE	Biggo	LAST
n and camp	160	WAS DECEASED EVER IN U.S. (15 yes. 10 OR UNKNOWN) (15 yes.	ARMED FORCES? 166. SOCIAL GIVE WAR OR DAYS! N43-5/12 5/-24	L SECURITY NO. 4 12 5571	EVELVA BI	995 /732	n. Wage	ot
equires that the death certificate in signed by the attending physici. Then please remove carbon paper to burial, cremation, or removal. injury, or other traumatic event, thinjury, or other traumatic event, the		Conditions, if ony, which gove rise to immediate cause 101, stafing the underlying cause lost	anly one couse per line for (a), iSED BY: ATE CAUSE (a) DUE TO, OR AS A CON (b) DUE TO, OR AS A CON (c) T CONDITIONS CONTRIBUTIN	SEQUENCE OF	Brain de	Hy Arthest Montrid Fre	acture	ROXMATE INTERVAL EN ONSET AND DEATH
beer mit.	CERTIFICATION	190. DATE OF OPERATION	LIST CONDITION FOR V	VHICH OPERATIO	n was performed	20a AUTOPSY?	206. IF YES, WERE FIN IN CERTIFYING CAUS	SES OF DEATH?
SICIAN: The II ng physician. certificate hos urial-transit pe Aental Hygiene Item 18 shaws	MEDICAL CERTI	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF E (IF EITHER, NOTIFY MEDICAL EXAMIN	NER) P.M. 5/	H DAY YEAR	216 HOW INJURY OCCURR	RED (ENTER NATURE OF INJU	YES THE TENT OF PART TO PART	NO
or attendir After this se as the bu	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, C	OFFICE FARM, ETC.)	STREET	CITY OR TO	WN COUNTY	STATE
TTEN Ditol TOR of He of He		saw the deceased alive	spital) attended the deceased on		1/84 19 nd that in (my) (our) opinion o	, to	ate and hour and Irom	_, that (I) (we) last the causes stated
Y the hosp y the hosp RAL DIREC detached rate Dept. VT: If Item		22b. SIGNATURE	Pul L.	e m.d	DEGREE ATTENDING PHYSICIAN	MEDICAL STAI	FF N/ P	14/8×
FUNER Uld be the St		22d. PHYSICIAN'S NAME (TYP	E OR PRINT)	mp	22e 3900 LOCH F	RAVEN BLVD. 1 Bond St.		
D € D € ₹ ₹	23a	BURIAL, CREMATION, REMOVA	13 8 8 4 8 8 8 4		EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	STATE
HMH - 16 50M 4/83 (VRA 15, 4)	24 F	UNERAL DIRECTOR	exel Hore 130	71.0	Tal of AUG	E REC'D. BY REGISTRAR	256 REGISTRAR'S SIGN	Pande 82

Aco 19/10443-5/12/51-244 22 5571,

1/27

FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

Male White July 8, 70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) PA 10. CITY OR TOWN OF DEATH BALTIMORE USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. STATE 130. STATE 130. COUNTY MD Balto. 14 FATHER'S NAME FIRST Arthur 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 160. BOCIAL SECURITY NO. 17 INFO	Same AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 MBS MONTHS DATS HOURS MIN.
JAMES JAMES 3. SEX ARACE White White July 8, 76. BIRTHPLACE (STATE OR FOREIGN COUNTRY) PA 10. CITY OR TOWN OF DEATH BALTIMORE USA (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 136. STATE 136. COUNTY MIDDLE ARTHUR 14. RACE White USA WARRIED MARRIED WID OWED WID OWED 17. NAME OF HOSPITAL, NURSING HOME OR OTHE (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 136. CITY OR TOWN Balto. 136. CITY OR TOWN Balto. 137. INFO	AGE (IN YEARS LAST BIRTHDAY) If UNDER 1 YEAR IF UNDER 24 MISS MONTHS DAYS MONTHS
Male White July 8, 70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) PA USA WIDOWED 10. CITY OR TOWN OF DEATH BALTIMORE USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. STATE 13b. COUNTY Balto. 14 FATHER'S NAME FIRST Arthur 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 161. MARTICL MIDDLE JULY 8, MARRIED [XNI WIDOWED [XNI	Section Sect
Male White July 8, 70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) PA 10. CITY OR TOWN OF DEATH BALTIMORE USA WIDOWED 11. NAME OF HOSPITAL, NURSING HOME OR OTHE (IF NOT IN SUCH FACILITY, GIVE RESIDENCE BEFORE ADMISSION) 136. STATE 136. COUNTY MD Balto. 14 FATHER'S NAME FIRST Arthur 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 160. SOCIAL SECURITY NO. 17 INFE	1941 43 YRS
MARRIED LAN WIDOWED 10. CITY OR TOWN OF DEATH BALTIMORE 11. NAME OF HOSPITAL, NURSING HOME OR OTHE (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) THE JOHNS HOPKINS HO USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136. STATE 136. CUTY OR TOWN Balto. 14. FATHER'S NAME FRIST Arthur 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 160. SOCIAL SECURITY NO. 17 INFO	BALTIMORE CITY MD DNORCED DIVORCED IT INSTITUTION DET INSTITUTION ISIDE CITY LIMITS? DISTRET ADDRESS / ZIP CODE 222 Goodale Road, 21212 DITHER'S MAIDEN NAME FIRST Dora MIDDLE MAD ADDRESS Mrs. James Billet, Same
DA USA WIDOWED 10. CITY OR TOWN OF DEATH BALTIMORE USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. STATE 13b. COUNTY 13c. CITY OR TOWN 13d. INST	ER INSTITUTION 126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFF) Dean SOSPITAL 136 STREET ADDRESS / ZIP CODE 222 Goodale Road, 21212 DITHER'S MAIDEN NAME FIRST FORMANT ADDRESS Mrs. James Billet, Same
BALTIMORE USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. STATE 13b. COUNTY 13c. CITY OR TOWN Balto. 13d. INSTATE 15 MO Arthur 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFO	INDUSTRY Dean COSPITAL INDUSTRY Goucher College INDUSTRY College INDUSTRY Goucher College INDUSTRY INDUSTRY College INDUSTRY INDUSTRY INDUSTRY INDUSTRY INDUSTRY INDUSTRY College INDUSTRY INDUSTRY INDUSTRY INDUSTRY INDUS
USUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136. STATE 136. COUNTY 136. COUNTY 136. CITY OR TOWN 136. LITY OR TOWN 136. INST 136. WAS BALTO. 15 MO 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 160 SOCIAL SECURITY NO. 17 INFO	ISIDE CITY LIMITS? 3e STREET ADDRESS / ZIP CODE
136. STATE 136. COUNTY 13c. CITY OR TOWN 13d. INS	ISIDE CITY LIMITS? ISESTREET ADDRESS / ZIP CODE 222 Goodale Road, 21212 DTHER'S MAIDEN NAME Dora Middle Middle Mooney FORMANT ADDRESS Mrs. James Billet, Same
Arthur Billet 15 MO Billet 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 160 SOCIAL SECURITY NO. 17 INFO	DOTHER'S MAIDEN NAME FIRST Dora Mooney FORMANT ADDRESS Mrs. James Billet, Same
Arthur Billet 166 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFO	Dora Mooney FORMANT ADDRESS Mrs. James Billet, Same
	Mrs, James Billet, Same
18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:	-cilive immediati
DUE TO, OR AS A CONSEQUENCE OF	ment Neural effering Thos
Conditions, if ony, which gove rise to immediate (b)	mant france citations
couse (0), stoting the underlying cause lost. DUE TO, OR AS A CONSEQUENCE OF (c) Diffuse hystion	extic lymphomen ofmer
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RE	ELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART Tra
10 hona	
198 DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION WAS I	PERFORMED 200 AUTOPSY? 200 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS IN CONDITION FOR WHICH OPERATION FOR WHICH OP	YES NOW YES NO
HOUR A.M. MONTH DAY YEAR I	IOW INJURY OCCURRED (FINTER NATURE OF INJURY IN ITEM 18, PART FOR PART 2)
5 (IF EITHER NOTIFY MEDICAL EXAMPLE) P.M. New 19	nene
(AT HOME STREET FACTORY OFFICE FARM ETC.)	OCATION STREET CITY OR TOWN COUNTY STATE
WHILE NOT WHILE DA	NA
22a certify that (1) (this hospital attended the deceased from	19 F4 to 1/25 19 F4 , that (I) (we) lost
sow the decease to we an	in (my) (our) opinion death occurred on the date and hour and from the causes stated
27% SIGNATURE DEGREE	E 22c DATE SIGNED
Drevall MO	ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN
22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e. AL	ADDRESS 600 N. WOLFE ST. BALTO. MD.
ROYALL	Johns Honking Jospite 2120
230, BURIAL, CREMATION, REMOVAL 236, DATE 23c, NAME OF CEMETER	DV OD CDSWATORY 1224 LOCATION
Burial 8/31/84 Druid Ride	CITY OR TOWN COUNTY STATE

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL

should be detach IMPORTANT: IF

> 14 FUNERAL DIRECTOR Henry W. Jenkins & Sons Co. 4905 York Road Balto., MD

21212

250. DATE RECID BY REGISTRAN 256 REGISTRAN'S SIGNATURE AUG 30 284 Julia Davidson-Randelle

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Hanny Junkin on CoYor - 150. 1212

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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENES
CERTIFICATE OF DEATH

FOR 1 - STATE REGISTRAR REG. NO I. DECEASED NAME WIDDLE LAST 2a DATE OF DEATH 2b HOUR (TYPE OR PRINT) **AUGUST 14 1984** BILLINGSLEY ADELINE ANN 3. SEX 4. RACE DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) # UNDER I YEAR MONTH YEAR FEMALE WHITE EPT 19 1900 83 To BIRTHPLACE (STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED MD WIDOWED BALTIMORE 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 17h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY SEAMSTRESS BALTIMORE LAWNVIEW AVENUE HAT CO. USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION 130 STATE 13b COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE MD. BALTIMORE 3215 LAWNVIEW YEXX 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME LAST FIRST MIDDLE MIDDLE HENRY HELLEMANN LILLIAN DIETRICH 160 WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS SAME 212-05-8703 NO CHAS. HELLEMANN (BROTHER) ADDRESS APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for to), (b), and (c) PART I. DEATH WAS CAUSED BY ONGESTIVE IMMEDIATE CAUSE to DUE TO OR AS A CONSEQUENCE OF MITTRAL REGULGITATION Conditions, if ony, which gove rise to immediate couse (a), stating DUE TO OR AS A CONSEQUENCE OF underlying cause MITTAL CHULDINE CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION 206 IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 70a AUTOPSY IN CERTIFYING CAUSES OF DEATH? 216 TIME OF INJURY 71a. ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 71d. INJURY OCCURRED 71e. PLACE OF INJURY 21f LOCATION CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM ETC.) NOT WHILE 22a I certify that (1) this haspital) attended the deceased from sow the deceased olive on O AG obove. (I) we) (did) aid not view the body after death and that in (my) (our) opinion death occurred on the date and hour and from the causes stated DEGREE MEDICAL STAFF ATTENDING PHYSICIAN DIRECTOR PHYSICIAN 224 PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS Dr. George Moran Union Memorial Hospital 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23a BURIAL CREMATION, REMOVAL CITY OR TOWN STATE (SPECIFY) GARDENS OF FAITH BALTIMORE BURIAL 8/16/84 MD.

DHMH - 16 50M 4/83 (VRA 15, 4)

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MPORTANT

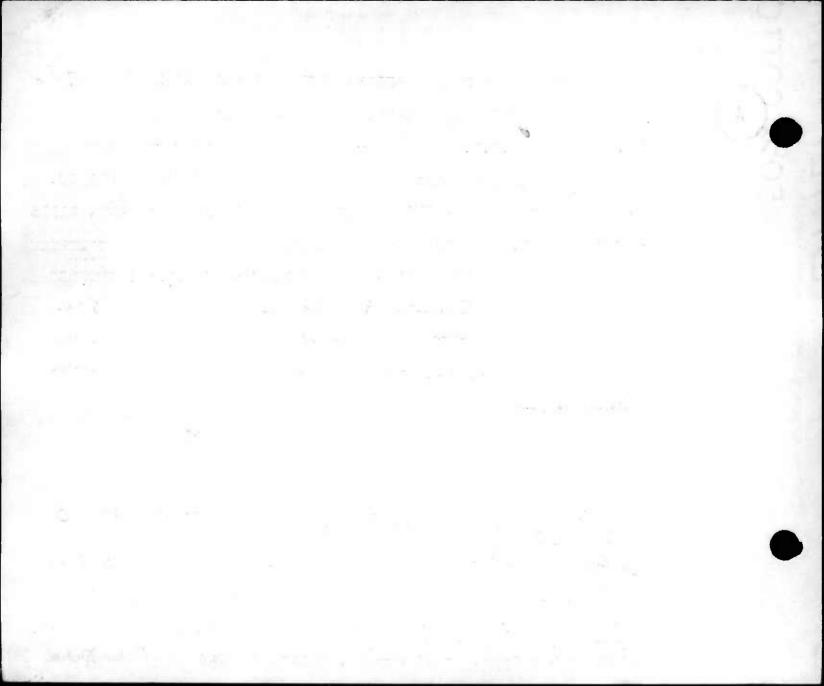
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24 FUNERAS CHEMUNEK FUNERAL HOME, INC.

ulia Davidson

3331 Brehms Lane, Baltimore Md. 2121AUG



furnitual director, page 3 thin 72 hours ofter death

death. Page 4 may be

HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.

//	1 -	FOR STATE REGISTRAR			DEPARTM	ENT OF H	E OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	GIENES REG. NO	2 1 1	3 2
		CEASED NAME OR PRINT)	FIRST	WIDDII	E	ı	AST	20 DATE OF DEATH	MONTH DAY YEAR	26 HOUR
L			RNEST	L,		BIND			08 06 84	
3	3. SEX		4	RACE	1	5 DATE (6 AGE (IN YEARS LAST BIR	MONTHS DAY	
	_	MALE		WHITE		5	1 03	81	YRS :	
1		RTHPLACE (STATE OR OUNTRY)	FOREIGN 71	. CITIZEN OF WHA		MARRIE	D NEVER MARRIED	BALTIMORE CITY O	R COUNTY OF DEATH	
7		ryland		U.S.A.		WIDOW		BALTIMO		M
d		BALT IMORE	ATH I	(IF NOT IN SUCH FAC	ILITY, GIVE STREET A	DDRESS)	AL - E.R.	120 USUAL OCCUPATE (TYPE OF WORK FOR MOST OF Farmer		OF BUSINESS OR Y ming
5	13a S	IL RESIDENCE (IF NUR. TATE I ryland	Howa	Y 13c.	RESIDENCE BEFORE A CITY OR TOWN Dorsey		13d INSIDE CITY LIMITS? YES NO 🛣	13. STREET ADDRESS / 7065 Wash	zip cobe ington Blvd	. 21227
7	4 FA	THER'S NAME FIRST		DDLE	LAST		15. MOTHER'S MAIDEN NA	MIDDLE		AST
4	lán W	Henry /AS DECEASED EVER			inder SOCIAL SECUR	ITY NO	E11a	V. ADDRE	Wh:	te
		ES, NO OR UNKNOWN) YES	(IF YES, GIVE V	WAR OR DATES)	216-12-8		Ernest E. Bi		Vashington_	
		18 CAUSE OF DEAT PART I. DEATH W	/AS CAUSED IMMEDIATE , which	BY.	try	nux	ia.	+ Preu	Briwes	DKWATE INTERVAL N ONSET AND DEATH
	7	gove rise to imicouse (a), statii underlying couse PART 2 OTHER SIG	ng the last	DUE TO, OR AS	70 6	ruet	NOT A LATED TO THE TERA	MINAL DISEASE OR CON	DITION GIVEN IN PART	Iro
7	CERTIFICATION	19a DATE OF OPERA	TION	196 CONDITION	N FOR WHICH C	OPERATIO	N WAS PERFORMED	20e AUTOPSY?	20b. IF YES, WERE FINE IN CERTIFYING CAUS YES	
7		218 ACCIDENT WAS UN OR CONTRIBUTING	CAUSE OF DEATH	21b. TIME OF IN. HOUR A.M.	MONTH DA	Y YEAR	21¢ HOW INJURY OCCUR			
	MEDICAL	21d INJURY OCCUR	RED	21e PLACE OF IN	NJURY ACTORY OFFICE FA	RM ETC)	211 LOCATION STREET	CITY OF TO	wn COUNTY	STATE
			ed olive on _	l) attended the de	DS 19 D		nd that in (my) (our) opinion	death occurred on the de	ate and hour and from t	
		226 SIGNATURE 226 PHYSICIAN'S N	Of	1			ATTENDING PHYSICIAN	MEDICAL STAI	(7)	E SIGNED
		Medania i baccesa		16.00	X	-		\		/
-	230 0	KHURRAM URIAL, CREMATION,	- Committee of the Comm	M. D.	72, AI	AME OF C	WILKENS WA	LK-IN CLINION	21229	
ľ		SPECIFY) Buria		8/9/84	8/1		metery	Dorsey	Howard	Maryla
		INERAL DIRECTOR			-		21229 250 DA	TE REC'D. BY REGISTRAR		

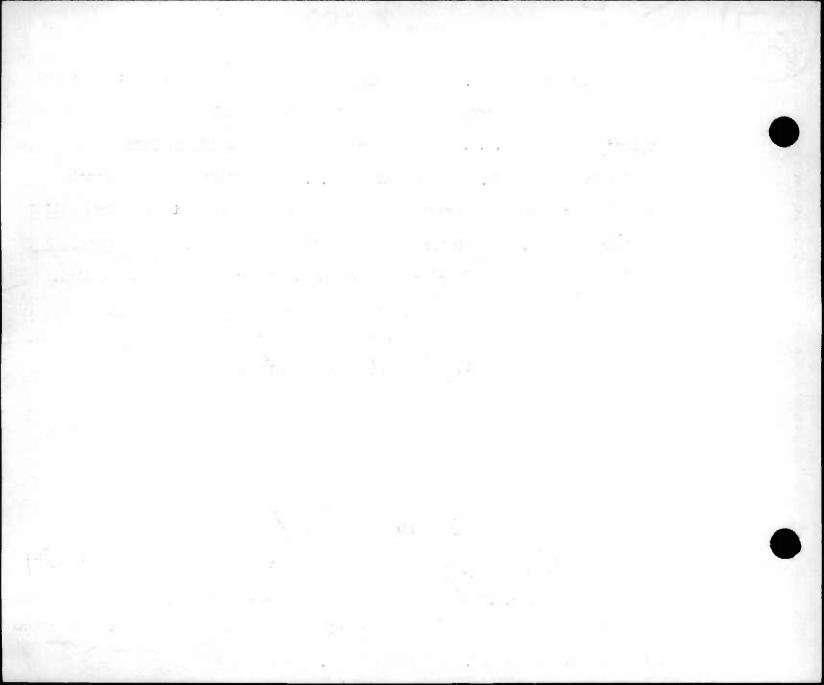
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DHMH - 16 50M 4/83 (VRA 15, 4)

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retained by the haspital or attending physician

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and campletely should be detached for use as the burial-transit permit. Then please remave corban papers. Pages 1 and 2 should be detached for use as the burial-transit permit. Then please remave corban papers. Pages 1 and 2 should the State Dept of Health and Mental Hygiene prior to burial, cremation, or remaval.

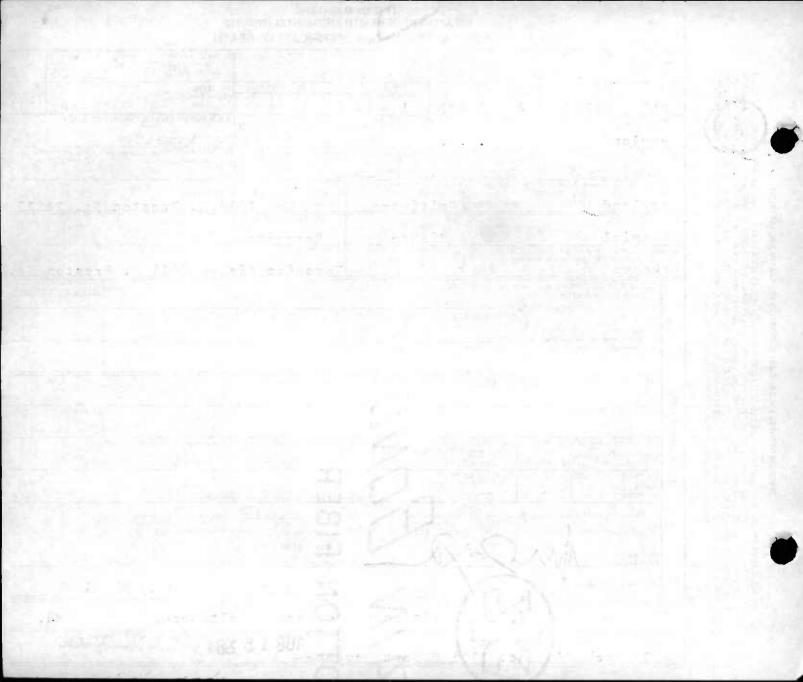


	1-	FOR STATE REGISTRAR					STAT	EALTH		ENTAL H	Start	6 44	2 REG. N	1	1 3	3	
	I. DEC	CEASED NAME E OR PRINT)	E FIRST			IDDLE			LAST				NOWN X		DAY		HOUR
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-	3 SEX	8. 191	4. RACE	S. DATE O	DF BIRTH DAY	YEAR	6 AGE (IN YEA		DER I YR.	IF UNDER		C DATE RONOUN	CED	MÖNTH	DAY		7:12
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d	7e BIF	RTHPLACE (S)	TATE OR	7b. CITIZI	EN OF WHAT	COUN	TRY?	8. MARRI	ED NE	VER MARRI	ED 🖈	BALTIMO	ORE CITY	OR COUN	TY OF DE	ATH	
2		rylan			U.S.			WIDOW		DIVORC			more				MD.
2	10. CI	TY OR TOWN	OF DEATH			OSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)								12b. KIND OR IN	OF BUSH	VESS	
2		Baltim					ns Hos		1								
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	7	Candition gave ris cause (a) lying cau		DU DU	(b) IE TO, OR AS	A CON	SEQUENCE O	DF									
	NO	PART 2 OTHER ST	GNIFICANT CONDITIONS	CONTRIBUTION	G TO OEATH BUT	NOT RELAI	ED TO THE TERMI	NAL DISEASI	OR CONDITION	N GIVEN IN PAI	RT 1 (e)						
-	AT	19a. DATE OF	OPERATION	191	. CONDITIO	N FOR V	VHICH OPERA	ATION W	AS PERFOR	MED?					20 AU1	OPSY?	
4	TIFIC														YES		NO
3	MEDICAL CERTIFICATION	UNDERLYING	AL CAUSE WAS OR NG [] CAUSE OF I	H		HTMO	DAY YEAR		ow INJURY						RT 2)		
2	MEDI	WHILE AT WORK	NOT WHILE AT WORK		PLACE OF I STREET, FACTORY home		(AT HOME,	5	TREET 14 E.	Pres	ton S	city or tow	_	со	UNTY		Md.
0		22e I certi death resulti ACTUAL SIGNATURE	fy that I taak charg ed fram: Natu	ge of the re			N	Autap	y , Hamic		Undeter	Inquiry	nner .	nd in my a _l DATE SIGNI	8-	14-8	4
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	23e.BU	URIAL CREMA	TION, REMOVAL 2	8/1	7/84		AME OF CEM 1 timo				23d 100	Ttim	ore,	cou	NIA	M ST d ^{TE}	

DHMH-17
(VR A15 ME (5))
20M 4/82

24 FUNERAL DIRECTOR
NAME
Wm C March F/H Inc. 1101 E North Avenue
AUG 15 184

Wm C March F/H Inc. 1101 E North Avenue



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STATE OF MARYLAND

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1.	STATE REGISTRAR			DEPART		ICATE OF D		0	éia EG, NO.					
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3. SE:	х		ACE	NA I HER IN	S. DATE C	OF BIRTH		& AGE (IN YEARS	LAST BIRTHDA	AY]	IF UNDE		IF UNDE	
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2	RTHPLACE (STATE ORI		U.S.A	WHAT COUNTRY?	8 MARRIE WIDOWE	D NEVER A		9. BALTIMORE (BAL)	TIMOR	OUNT		ATH		MD
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) FA	JOHN FIRST	R. MIDD	LE	DIETRIC	CH		ERESA		DDLE			HANC	GI	
16a V	VAS DECEASED EVER YES NO OR UNKNOWN) NO	IN U.S. ARMED		159/12/C		RANDO:		BIVINS	815				APT	
	Conditions, if ony, gove rise to improve to state underlying couse	nediate ig the	(b)	R AS A CONSEQUE	itic	- Ca	iver							
7	PART 2 OTHER SIGN		DITIONS CO	NTRIBUTING TO E		13	TO THE TERM	MNAL DISEASE OF	CONDIT	ON GIV	VEN IN F	PART In)	
CERTIFICATION	19a DATE OF OPERA	2	19b. CONDI	TION FOR WHICH	1	N WAS PERFO	RMED	200 AUTOPS	2 20	CERTI			NGS USE OF DEA NO [TH?
EDICAL CER	216. ACCIDENT WAS UNI	CAUSE OF DEATH	21b. TIME O HOUR A./ P./	M. MONTH DA	AY YEAR	21c HOW IN	JURY OCCUR	RED (ENTER NATURE	OF INJURY IN	17EM 18	PART I OR	PART 2)		
MEDI	21d. INJURY OCCUR!	ILE	21e. PLACE ((AT HOME, STR	OF INJURY EET, FACTORY, OFFICE, F	ARM, ETC)	211 LOCATIO STREET	N	Cr	Y OR TOWN		col	UNTY		STATE
	226.8 certify that (I) says the decrease above, (II (see))					nd that in (my)	, 19 8 Ly (our) opinion	, to death occurred or	the dote	ond hou		om the	that (I) (couses st	oted
	22d PHYSICIAN'S N	1/31	re			LIDA		MEDICAL DIRECTOR	STAFF	40		8	III	184
		ANN	A	AFZA	1 M	The ADDRES		- Che	VAU	la	1	DA	3 8	3-0

BP.

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and should be detached for use as the burial-transit permit. Then please remove carbon papers. Page with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

OR ATTENDING PHYSICIAN: The low

TO HOSPITAL

retained by the haspital or attending physicio

IMPORTANT: If Item 21 is marked at Item 18 shows ony injury, or other troumatic event,

DHMH - 16 50M 4/83 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL (SPECIFY) 236. DATE 8/13/84

23c. NAME OF CEMETERY OR CREMATORY

23d LOCATION

COUNTY

STATE

BURTAL 24 FUNERAL DIRECTOR NAME SLACK FUNERAL HOME

STONE CHAPEL CEM.

BOX::268
ELLICOTT CITY, MD 21043 AUG 1 3 1844

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27.0902				37
APP 19 1: EL COUNTI (AP)	settivan artefision Livensia artefision	way of set		

ned by the attending physician and campletely filled in by the funeral direc please remove carbanpapers. Pages 1 and 2 shauld be filed within 72 haurs

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physics should be detached for use as the burial-transit permit. Then please remove carbon pape with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

OR ATTENDING PHYSICIAN: The

	FOR	
-	STATE	

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES

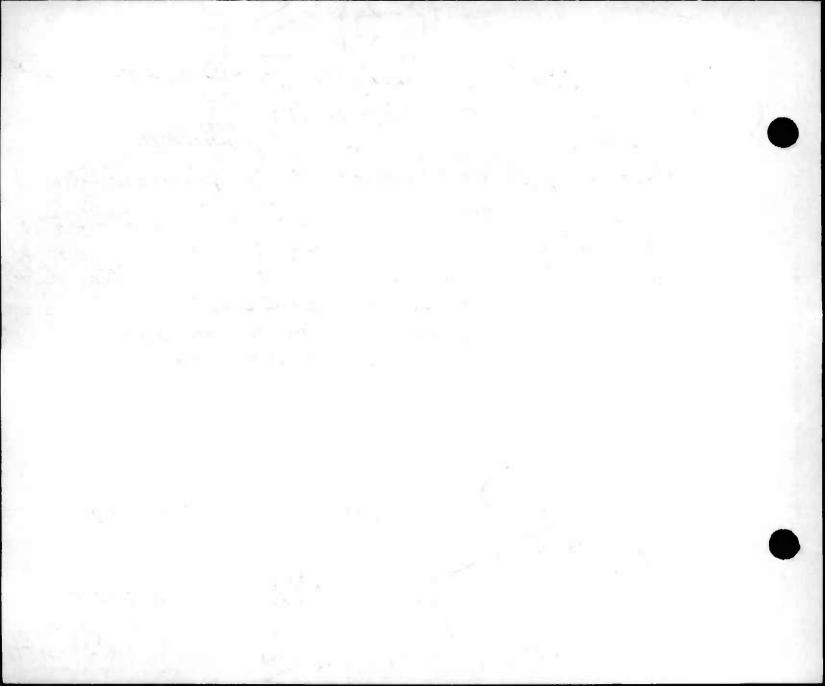
	Dr. cross	

`		REGISTRAR				CERTIF	ICATE OF DEATH	R	EG. NO.		
		CEASED NAME	FIRST SIOL		MIDDLE	IVEN	LAST US	2a. DATE OF DE	ATH MONTH	DAY YEAR	26. HOUR
3	. SE>		010	4 RACE		5. DATE O		6 AGE (IN YEARS		IF UNDER 1 YEAR	R FUNDER 24
		FEMAL	3	BIA	ck	MONT	- 5 - 01	8	33 YRS.	MONTHS DAYS	HOURS M
7	_ 0	RTHPLACE (STATE OR	FORE IGN	76 CITIZEN OF	WHAT COUN	ITRY? 8. MARRIE	NEVER MARRIED	9. BALTIMORE	ITY OR COUNTY	OF DEATH	
4	_	Carolina	ATH	U.S.	HOSPITAL NI	WIDOWI	DR OTHER INSTITUTION	12a USUAL OCC	O CIN	1 2h KINID	OF BUSINESS
6	4.01	Palto			H FACILITY, GIVE		4050		MOST OF WORKING LIF	E) INDUSTRY	
		L RESIDENCE (IF NUR!	136 COUN		GIVE RESIDENCE	BEFORE ADMISSION)	13d. INSIDE CITY-LIMITS?	13e. STREET ADD	RESS 212:	30	1
7	4 FA	THER'S NAME			LOA	1140,	YES NO D	11213 AME	right	Dtr	-68
		Alfred		MIDDLE	0rr	T	Catherine		DDIE	t,	AST
1		AS DECEASED EVER			-	SECURITY NO.	17 INFORMANT		ADDRESS 16	28 N. F	dilton
		ES, NO OR UNKNOWN)	(1F YES, GIV	E WAR OR DATES)	2471	82056	Mr. Tommy S	Smith	Balto.		1110011
F		18 CAUSE OF DEAT									NONSET AND DEA
		PART I. DEATH W		E CAUSE (a)		CARD	10 RESPIR	71004/	TRICES!		
		Conditions, if ony gove rise to imi		(b)_	R AS A CONS	SEOUENCE OF	SEPSIS				
		couse (0), statin underlying cause	ng the	DUE TO, O	R AS A CONS	SEQUENCE OF					
	z	PART 2 OTHER SIGI	NIFICANT	ONDITIONS CO	ONTRIBUTING	O TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OF	CONDITION GIV	EN IN PART 1	Ia
3	CERTIFICATION	19a. DATE OF OPERA	TION	196 COND	ITION FOR W	HICH OPERATIO	N WAS PERFORMED	20a. AUTOPSY		S, WERE FIND	INGS USED
	TIFI				100			YES NO	_	S [NO [
.5		210. ACCIDENT WAS UN	_	216. TIME C HOUR A.		DAY YEAR	21c. HOW INJURY OCCU	RRED (ENTER NATURE	OF INJURY IN ITEM 18 F	PART 1 OR PART 21	
	MEDICAL	(IF EITHER NOTIFY MEDI	CALEXAMINER	P.	M.	19	211 LOCATION		Albert Land		
1	MED	21d. INJURY OCCUR		21e. PLACE (AT HOME, STI		FFICE FARM, ETC.)	211. LOCATION STREET	CIT	Y OR TOWN	COUNTY	STATE
		AT WORK AT WO	iRK	. I A	. 1 1.4	.7	147 8	7	e/,	Sy	
	93	22a. certify that (1) sow the deceas		11	e deceased fi	V1/1	nd that in (my) (our) apinion	death occurred on	the date and hou	r and from th	, that (I) (we) i
	ø.	abave, (1) (we) (after death.		DEGREE				E SIGNED
1		(XI	Our	50 -	P	ATTENDING PHYSICIAN	MEDICAL DIRECTOR DE	STAFF PHYSICIAN D	87	16/84
7		22d. PHYSICIAN'S N.	AME (TYPE C	. CHE	TO	10/1	220 ADDRESS	THERA	N HO	SPIT	AL
7		URIAL, CREMATION,		236. DATE 8/16/	84	Mt. Zie	cemetery or crematory	23d. LOCATIO Bal'tiif	or, Md.	COUNTY	STATE
		March Fu	mame 1	TTOma 4	101E-00	North Av	re. 25°A	16 1 3 198	RAR 200 REGIS	RARIE SIGN	PHE DE
	MIII	· Planett Fu	mergi	поше	101	Balto	. Md.	- 0	a		

DHMH - 16 50M 4/82 (VRA 15, 4)

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to	1.	FOR STATE REGISTRAR	DEPA	RTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	L HYGIENE) REG. NO.	3 9
of po		CEASED NAME OR PRINT)	TRO	BiyAn	08-26-	84 5:45 M
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in 24 ha	180	STATE STAME	eten de correct		2425 Chiles	ood Circle
complete	1	aka Biji	ED FORCES? IIII. SOCIAL S	Caule	use Tour	20093
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quires sgne then pl ta buri	NOI	PART 2. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE		
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SPITAL OR J by the h NERAL DIRI be detache e State Dep TANT: If Ite	4	Ace	us	ATTENDI PHYSICI		220 DATE SIGNED
TO HOSPITAL TO FUNERAL should be det with the State		LUBE.	WERA MB		Keysville MU	21030
BP	731	HEMAL DIRECTOR	8/30/84	HOLY CALL	Cen. EtN. Tel	the testine
DHMH - 16 50M 4/83 (VRA 15, 4)	K	Strew H. A	Se,150/ E	Fort and	AUG 2 7 984	a Davidson-Arndell



requires that the death certificate be executed within 24 hours ofter

						STAT	E OF MARYL	AND		63		.5
	1 -	FOR STATE			DEPARTM		ICATE OF E	MENTAL HYG	IENES 4	6. a		
L		REGISTRAR				CEKTIF	ICATE OF L	EAIN		REG. NO.		
ſ		EASED NAME	FIRST		MIDDLE		AST		20 DATE OF D	EATH MONTH	DAY YEAR	2h HOUR
-1	(1112	SK PKINI)	han	nas	H.	13/	ack	non		8-	20-84	9%
ŀ	3. SEX			RACE		5. DATE C			6. AGE (IN YEAR	S LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
1		24			1-	MONTH		YEAR	773		MONTHS DAYS	HOURS MIN.
ŀ	7 010		ale		ack	10	28	1912	71	YRS	V 05 05 1 211	
Я	C	THPLACE (STATE ORFO	DREIGN /	16. CITIZEN OF	WHAT COUNTRY?	MARRIE	NEVER A	MARRIED -	211241	CITY OR COUNT		
4	N.	Carolina		U.S.	Α.	WIDOWE		VORCED [Balti	more Cit	У	MC
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ł	Р	altimore	1	P	H FACILITY STYE STREET	GIII	re H	200	Chef	JR MOST OF WORKING I	Chesa	neake
t		L RESIDENCE (IF NURSI	IG HOME OF C	OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)) ! (
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4		aryland			Baltimo	re	YES 🔀			Baltimo	re, Mar	yland 21
4	14. FA	THER'S NAME		AIDDLE	LAST		15 MOTHER'S	MAIDEN NA		AIDDLE	LAS	
A		Zakie			Blackmon	3	Be	thana				tley
7		AS DECEASED EVER I			166 SOCIAL SECU	RITY NO.	17 INFORMA	NT	27	OORROSly		
1	(Y	Yes	(IF YES, GIVE	WAR OR DATES)	215-05-2	2656	Emma 1	Black		ltimore,		
ŀ							Diane, Q	Brack		105		
1	- 1	PART I. DE ATH WA	S CAUSED				0.	7			BETWEEN	MATE INTERVAL ONSET AND DEATH
-1	- 1			CAUSE (a)	ASPIRAT		FR	EUM	OPIN			
- 1	- 1			DUE TO: O	R AS A CONSEQUE	NCE OF	CONC	EST11	1E H	EVIS		
-1	ı	Conditions, if ony,	which 5	ENER &	COP	05			FA	LCURE	-	
- 1	- 1	gove rise to imm		3		1105.05						
П	- 1	underlying couse	lost.	DUE TO, O	R AS A CONSEQUE		306 19	. 0	CID	2120		
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71	CERTIFICATION	190 DATE OF OPERAT	ON	ZOND	TION FOR WHICH	RERATIO	PERFO	THE BY	200 AUTOPS		S, WERE FINDIN	
						_			YES 🔲 N	10 X	ES 🗌	NO 🗌
η	8	21a. ACCIDENT WAS UND		21b. TIME O		V VEAD	21c HOW IN	JURY OCCURR	ED (ENTERNATUR	E OF INJURY IN ITEM 18	PART T OR PART 2}	
	Z V	OR CONTRIBUTING C		P.	-	19	-		-			
- 1	음	214 INJURY OCCURR		21e PLACE		17	211 LOCATIO	NC				
1	MEDI	WHILE NOT WHI	E 🗍	(AT HOME STE	REET, EACTORY, OFFICE, EA	ARM, ETC)	STREET	_		ITY OR TOWN	COUNTY	STATE
1		AT WORK AT WOR				/	111	C=11		8/35	- out	
1		22a.l certify that	1	oftenden th	e deceased from_	EV.	16	. 19 0 7	, to	0		that are we lost
1		sow the decease	olive on	wiew the body	ofter death.	, dr	nd that in-	(DUF) opinion o	leoth occurred o	on the date and ha	ur and from the	causes stated
-		226. SIGNATURE		0	^	0	DEGREE	H.D			22c. DAT	SIGNED
ı		140	-	2	_ 13_(2 C		TTENDING PHYSICIAN	MEDICAL DIRECTOR [STAFF PHYSICIAN	18/	50/9
┪		22d. PHYSICIAN'S NA	ME (TYPE OR	PRINT)		_	22e ADDRES					
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4		1400	D FA TO	7 7								
1		URIAL, CREMATION, F	EMOVAL	23b. DATE	23€ N	IAME OF C	EMETERY OR	CREMATORY	23d LOCATE		COUNTY	STATE
- }		Buria	1	8/25/1		outus	Memori	al Park		Balt	imore. 1	Maryland
	24 N	utterdoso	ns	2501 Gv	ynns Fall	s Pa	rkway			ISTRAR 256 REGIS	TRAR'S SIGNAT	URF
- [Fu	neral Home	Inc.	Baltimo	ADDRESS Mary	land '	21216	All	62119	DA Gulia	Davidson-1	jandelac
- 1	- 4	HOME			re, rary.	rand (-1-10	AU	0418	04 7		

DHMH - 16 50M (VRA 15, 4)

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low retoined by the hospital or ottending physician.

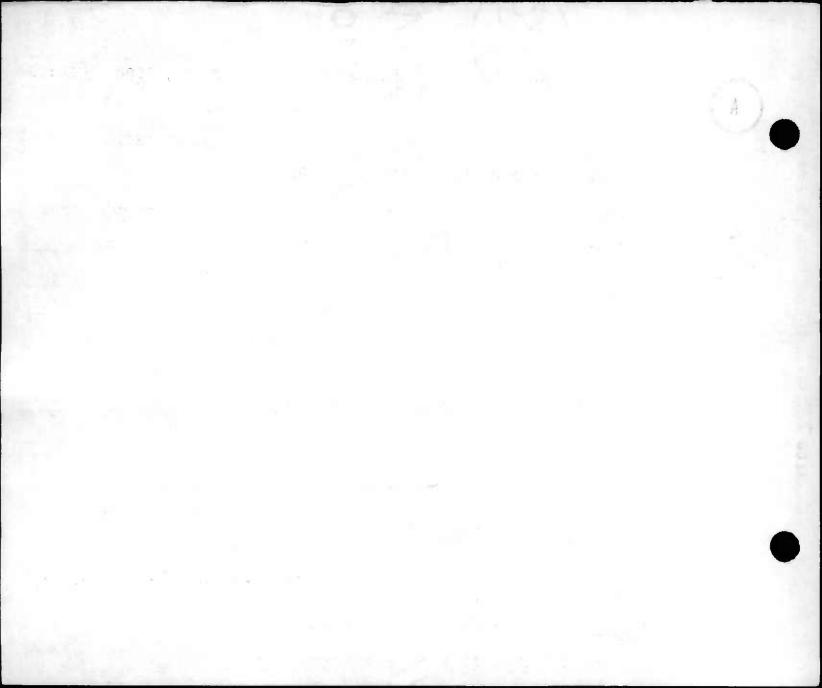
v:la mostilati . W Trainer and C TREE BANK FRANC FRANCES OF THE CO. III

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

	1 -	FOR STATE REGISTRAR		DEPARTI		EALTH AND MENTA ICATE OF DEATH		NE REG. NO	2 1		J Q .
		CEASED NAME FIRST OR PRINT) NATHA		MIDDLE		CKSTONE		AUGUST 20		4	26 HOUR P 10:05
- 1	3 SEX	(4 RACE		5 DATE C		-	AGE (IN YEARS LAST BIRTI	HDAY) IF U	INDER 1 YEAR	IF UNDER 24 HRS
		Male	Bla	ack	7		1	33	YRS.	IIIAS DATS	HOURS MIN.
1		RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	8. MADDIE	D NEVER MARRIE		BALTIMORE CITY OF			
2	- 177	ryland	U.S		WIDOWE	D DIVORCE		BALTIMO	RE CIT	Ϋ́	MD.
5		TY OR TOWN OF DEATH				HOSPITAI		TYPE OF WORK FOR MOST OF		12b. KIND OI INDUSTRY	BUSINESS OR
2		ALTIMORE				110011111					
5	13s. S	TATE 136 COUL	VTY	13c. CITY OR TOW	/N	13d. INSIDE CITY LIM		e STREET ADDRESS /			
		ryland		Balti	more	YES 🛣 NO		126 S. Ex	eter :	St. 2	1202
7	14 FA	THER'S NAME FIRST	MIDDLE	LAST		15. MOTHER'S MAIDE FIRST	EN NAME	MIDDLE		LAST	
9		Horace		Blackst		Sussi	e	10000		urner	`
		VAS DECEASED EVER IN U.S. AR ES, NO OR UNKNOWN] (IF YES, GI	MED FORCES?	166 SOCIAL SECT	JRITY NO.	17 INFORMANT		ADDRES			
		NO .		N/A		Catherin	e Ja	ames 3833	Cott		
3		18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUSE	nly one couse per	line for (a), (b), an		1 1 1	1-	pi l.		BETWEENO	MATE INTERVAL INSET AND DEATH
			TE CAUSE (a)		Uni	controlab	V-E	Bleeding		17	1125
			DUE TO, O	r as a conseou	ENCE OF	Portal the		1		~ 2	hus
		Conditions, if any, which gove rise to immediate	(b)					tinsless		7.	10.3
		couse (0), stoting the underlying couse lost.						er diseo		34	15
	z	PART 2. OTHER SIGNIFICANT						AL DISEASE OR COND	ITION GIVEN	IN PART Ita	
	TIO	one of Operation	the no	m-17 m	OPERATIO	N WAS PERFORMED	74-5	20s AUTOPSY?	20b. IF YES. W	/ERE EINDIN	GSTISED
	CERTIFICATION	20 Aug 84		olm esos					IN CERTIFYIN	IG CAUSES	
4	ERT	71g ACCIDENT WAS UNDERLYING			ra cyel	21c HOW INJURY O			-		NO []
1		OR CONTRIBUTING CAUSE OF DE	HOUR A.	M. MONTH D				(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED	P. PLACE		19	211. LOCATION					
	ME	WHILE NOT WHILE AT WORK	(AT HOME STE	REET FACTORY OFFICE.	FARM, ETC)	STREET		CITY OR TO	/N	COUNTY	STATE
		22s I certify that (I) (this hosp	ital) attended th	e deceosed from_	LAN		84	10 20 Hus	. 19.		hot ((we) lost
		sow the deceased alive or above (() (we) (did) (did no	ZO Hu	olter death	84 . 0	nd that in (60 (our) of	pinion dei	oth accurred on the do	te and hour or	nd from the c	auses stated
		226. SIGNATURE	0/1	/		DEGREE				22c. DATE S	
ø		1 Aurell	A tre	Bur	2 /	MIC ATTEND PHYSIC	ING IAN	MEDICAL STAF	AN 🗌		may 84
/		22d. PHYSICIAN'S NAME (TYPE					00 1	WOLFE	ST. B	ALTO.	
		Harold G	7 Jack	son		0	hns	Hostin	5 16.	50170	21/205
		URIAL, CREMATION, REMOVAL				EMETERY OR CREMAT		236 LOCATION CITY OR TOWN	C	OUNTY	STATE
		Burial	8/24	/84 M	ount	Auburn (Md.
		INERAL DIRECTOR		ADDRESS			So. DAIS	G 2 2 1084	July 1	autales !	Mandelle
	Wn	C March F/F	Inc.	1101 E	Nort	h Ayenue	- / /	507	J		`

DHMH - 16 50M 4/83 (VRA 15, 4)

IMPORTANT: If Item 21 is marked or Item 18 shows any



	1-	FOR STATE REGISTRAR		DEPARTM	ENT OF H	E OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	GIENES AT REG.	2 1	-	3 9
		CEASED NAME NORM		B	S. DATE C		20. DATE OF DEATH OS 6. AGE (IN YEARS LAST E		YEAR SY UNDER 1 YEAR WIHS DAYS	26. HOUR 10 38 M 10 UNDER 24 HRS. HOURS MIN.
3	1	RTHPLACE (STATE OR FOREIGN Maryland IY OR JOWN OF DEATH	U.S.		MARRIE WIDOWE	D NEVER MARRIED		Fo C	Hu	MD F BUSINESS OR
8	VOSU/	DOTTI MOTO AL RESIDENCE (IF NURSING FOME OR	OTHER INSTITUTION,	H FACILITY, GIVE STREET	ADMISSION)	Hosp.	Office	OF WORKING LIFE)	INDUSTRY)
0		Md.	w.	Sykesvi		134. INSIDE CITY LIMITS? YES NO SOME N		e1d Hosp		184
a	160 V	VAS DECEASED EVER IN U.S. AR.		16h SOCIAL SECUI	RITY NO.	17 INFORMANT	ADD	RESS 1010	Annfi	eld Dr.
Jan San San San San San San San San San S		YES, NO OR UNKNOWN) IN (IF YES, GIV) IS CAUSE OF DEATH (Enter on	E WAR OR DATES)	220-09-39		Md. David I	Blakley 1	Manfield	l, Ohi	
	100	PART I. DEATH WAS CAUSE	D BY: E CAUSE (o) DUE TO, O	R AS A CONSEQUE	o qui	MPS (anse m	Dear	~	In.
9	CERTIFICATION	PART 2 OTHER SIGNIFICANT OF THE PART OF TH	aspir	Louba		NOT RELATED TO THE TER	200 AUTOPSY? YES NO	20b. IF YES, V IN CERTIFYIN YES [VERE FINDIN	NGS USED
9	MEDICAL CER	710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF ETHER, NOTIFY MEDICAL EXAMINE R 710. INJURY OCCURRED WHILE ALWORK ALWORK	P. 21e PLACE	M. MONTH DA M.	19	21c HOW INJURY OCCU	RRED (ENIER NATURE OF IN		(OUNTY	STATE
		27a certify that (1) this haspi saw the deceased alive an above, (1) (we) (did) (did no 27b. SIGNATURE	41	5 195	1	d that ip (my) (our) opinion GE GREE ATTENDING PHYSICIAN	MEDICAL ST	AFF		
1		224 PHYSICIAN'S NAME LIVE	P PPINT1	5	-	A DRESS				

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been

MPORTANT: If them 21 is morked

24 FUNERAL DIRECTOR Anatomy Board

236. DATE

8/8/84

230. BURIAL, CREMATION, REMOVAL

Remova 1

ADDRESS Balto., Md.

23c. NAME OF CEMETERY OR CREMATORY

230 PATERECTO BY REGISTRAR 251 REGISTRAR'S SIGNATURE LINE DAVIDON-Hander

23d. LOCATION CITY OR TOWN

STATE

ROL 18-29-189 Paris VI Boltimus Wall Bury ANG B SEPT THE LEADING

ury, or other troumptic event, the

and Mental Hygrene prior to burial,

morked or Item 18

MPORTANT

-

STATE OF MARYLAND FOR - STATE REGISTRAR

DEPARTMENT	OF HEALTH	AND MENTAL	HYGIENE S
CE	RTIFICATE	OF DEATH	

RTIFICATE OF DEATH	REG. N	10.				
Blawacky J	2a DATE OF DEATH	MONTH 8-	B- 1		26 HOL	
ATE OF BIRTH	6 AGE (IN YEARS LAST B	RTHDAY}		DAYS	IF UNDER	R 24 F
MONTH DAT TEAR				04.5	1100113	

MIDDLE

ADDRESS

9-21

DECEASED NAME MIDDLE (TYPE OR PRINT) 4. RACE 3. SEX Female White 9 BALTIMORE CITY OR COUNTY OF DEATH July 10, 1894 70 BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Ukraine Baltimore Ukraine DIVORCED CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE) House-wife/Teacher Baltimore Church Hospital USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13e STREET ADDRESS / ZIP CODE 2610 E. Baltimore St. 13a. STATE 136 COUNTY 13c CITY OR TOWN Baltimore Maryland NO 14 FATHER'S NAME LAST FIRST Theodore Kohut unknown

YES NO OR UNKNOWN) I HE YES GIVE WA	PORCES. IND. SOCIAL SECOND FINO.	17 11 0 10 11 11 11			(21212
YES NO OR UNKNOWN] (IF YES, GIVE WA	- 192-26-8195	Dr. Demetriu	s Kostrubia	k 11 E.	Lake Ave.
18 CAUSE OF DEATH (Enter only o PART I. DEATH WAS CAUSED BY IMMEDIATE C	M. 3/1	un tireit			APPROXIMATE INTERV. BETWEEN ONSET AND DI
Canditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF (b) PICHTANATAL DUE TO, OR AS A CONSEQUENCE OF (c) Hypertension	- Accident			
PART 2 OTHER SIGNIFICANT CON	IDITIONS CONTRIBUTING TO DEATH BUT	1	200 AUTOPSY? YES NO	20b IF YES, WER	PART ITO E FINDINGS USED CAUSES OF DEATH
710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH [IF EITHER, NOTIFY MEDICAL EXAMINER]	71b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1 OR	PART 2)
ZId. INJURY OCCURED WHILE NOT WHILE AT WORK	Z1e, PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO)WN CC	DUNTY STA
22a.1 certify that M (this haspital) sow the deceased alive or obove. (M'we) (did) (de nat) vi 22b. SIGNATURE	ew the body alter death.	nd that in (our) opinion of DEGREE	eath occurred on the d		
Jawzeree /	left	ATTENDING PHYSICIAN	MEDICAL STA DIRECTOR PHYSIC	CIAN	8/8/84

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR

24 FUNERAL DIRECTOR

(SPECIFY)

230 BURIAL, CREMATION, REMOVAL

Burial

Lilly & Zeiler Inc. 1901 Eastern Ave. /21231

St. Mary's Ukrainian Abington, Montgomery Co. Pa.

250 DATE REC'D BY REGISTRAR 250 REGISTRAR 250 PROPERTY OF THE PROPERTY OF T

23¢ NAME OF CEMETERY OR CREMATORY

CITY OF TOWN

COUNTY

MD.

126 KIND OF BUSINESS OR

LAST

? unknown?

School

21224

INDUSTRY

AND AND PART OF THE PERSON OF

the Sandane Tourise X Bandane Corrections of the Court of

Servised - - Paltimore X Fild M. Baltimore St. / 21 C.

Theodore - Tondrow - Tondrow - Tondrow C. Page C. (Page C.)

(Page C. - - 192-En-8195 Dr. Demotrium Mostrubia: 11 S. Lete Ave.

the total and the test of the

Birish . Aur. 11,1986 St. Mary's Unrelated Ablanton Market new Co. . To.

tilly & collection 140 reasons Ave. We stand

6 AGE (IN YEARS LAST BIRTHDAY) 4 RACE 5. DATE OF BIRTH SEX MONTH 76 CITIZEN OF WHAT COUNTRY? BALLIMORE CITY OR COUNTY OF DEATH (STATE OF FOREIGN MARRIED NEVER MARRIED WIDOWED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION PE OF WORK FOR MOST OF WORKING LIFE) (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) DIME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION BALTIMORE, MARYLAND 21201 JSUAL RESIDENCE (IF NURSI COUNTY 13a. STATE 13d. INSIDE CITY LIMITS? BALTIMORE MARYLAND BALTO. YES [15. MOTHER'S MAIDEN NAME 4 FATHER'S NAME SAMUEL MIDDLE GOLDIE BLIDEN 160 WAS DECEASED EVER IN U.S. ARMED FORCES? MRS. ROSE BLIDEN 166 SOCIAL SECURITY NO 17 INFORMANT HE YES, GIVE WAR OR DATES) STONEHENGE CIR. physicio 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b) PART I. DEATH WAS CAUSED BY: DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., IMMEDIATE CAUSE to Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. 0 CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION clean 0 been 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? NOF 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) I Hy 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL 0 (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 211. LOCATION 0 21e PLACE OF INJURY CITY OF TOWN STREET (AT HOME STREET, FACTORY, OFFICE FARM ETC.) morked NOT WHILE 22a I certify that (I) (this hospital) attended the deceased from sow the deceased alive on , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (I) (we) (did) (did not) view the body ofter death 226. SIGNATURE DEGREE MEDICAL ATTENDING 100 PHYSICIAN. DIRECTOR PHYSICIAN MPORTANT ld b

FOR

- STATE

(TYPE OR PRINT)

REGISTRAR

DECEASED NAME

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

231 NAME OF CEMETERY OF CREMATORY
ARLINGTON

SOL LEVINSON & BROS., INC. 6010 REISTERSTOWN RD. BALTO. MD 21215

NUG. 12, 1984

230. BURIAL, CREMATION, REMOVAL BURIAL

24 FUNERAL DIRECTOR

BP

DHMH - 16 50M 4/83 (VRA 15, 4)

STAFF

BALTIMORE

23d LOCATION

REG. NO

MONTH

BALTO.

25 HOUR

126. KIND OF BUSINESS OR

21208

21208

APPROXIMATE INTERVAL

MEATS

APT.

UNKNOWN

20b. IF YES, WERE FINDINGS USED

COUNTY

22c DATE SIGNED

21215

MARYLAND

8/9/84

STATE

IN CERTIFYING CAUSES OF DEATH?

2a. DATE OF DEATH

14m2 45 25 25	enlik	9	Jack Carl
The same than		L. Kol	
		a je karijek	
Compared the Accommission of		See Thing	
	PILLS .		150
24174 - 24145	30/4 1/50		
	20/2 40/		YES YOUR DESIGNATION OF THE PERSON OF THE PE
V4 - 2 - 2	A4 47		
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
to gar 14 consultation			Maritages to pro-

OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, p should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filed within 72 hours ofter with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

MAPORTANT: If them 21 is marked or Item 18 shows any injury, or other traumatic event, the medical examiner must be notified at once.

2

must be notified at once.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

-

1		REGISTRAR				CERTIF	ICAIE OF DEATH		REG. NO.		
Ì		EASED NAME	FIRST	1111	AIDDLE		AST	20. DATE OF	DEATH MONTH	DAY YEAR	2b HOUR
I	11.76	CI	ARK	M		B	Loom	8-3	2-84		11:35PM
İ	3. SEX		4	RACE		5. DATE C		6. AGE (IN YE	ARS LAST BIRTHOAY)	MONTHS DAYS	
ı	P	FMALE	1	Whit	e	8	12/897	186		RS.	
-	Ja BIF	RTHPLACE (STATE OR I	FOREIGN 76.	CITIZENOF	WHAT COUN	MARRIE	D NEVER MARRIED	BALTIMOR	E CITY OR COU	NTY OF DEATH	
	14	vimolt,	my.	us	A	WIDOWE			BANTIN	VONE C	ITY MD.
ı	10. CI	TY OR TOWN OF DEA	ATH 11			URSING HOME C	OR OTHER INSTITUTION	12a USUAL O	CCUPATION FOR MOST OF WORKIN		OF BUSINESS OR
	2	MITIMON	16 H	SVINYAZ	E HEIST	CON CIER	ATRIC HOSPITI	HOU:	SEWIFE	LA	HOME
-	13a S	L RESIDENCE (IF NURS	136 COUNTY		13c CITY OR	TOWN	136 INSIDE CITY LIMITS?	13g.STREET A	DDRESS / ZIP C	ODE	
2	N	MARLAMY			BAVT	IMARE	YES X NO	6609	PARK F	TV6. 2	1215
ı	I4 FA	THER'S NAME	NID MID	DLE	LAS		15. MOTHER'S MAIDEN N.	AME	MIDDLE	1	AST
1		ABRAHA				NSON	AGNES		ADDRESS	DECKE	:R
1		AS DECEASED EVER	(IF YES, GIVE W			SECURITY NO.		AWRENCE	BLOOM		
1		NU			218-0	7-2159	6609 PARR	AVE.	BALTO.		21215
١		18 CAUSE OF DEAT PART I. DEATH W	H (Enter only	one couse per	line for (o), (-011-	and the first		. 1/1.0		DXIMATE INTERVAL N ONSET AND DEATH
ı			IMMEDIATE (# 04	THE VUI	LVA WY EXTEN	V510N 1	BUATUR	NA	
				DUE TO, O	R AS A CONS	SEQUENCE OF	Carl I	4	PLATTE	R	
1		Conditions, if ony, gove rise to imm		(b)							
١		couse (a), statir underlying couse	ig the	DUE TO, OI	R AS A CONS	SEOUENCE OF					
				(c)		- 10 BC 4 TH 6111			00.00.10.10.10.1	Chick protection	
	Z	PART 2 OTHER SIGI	NIFICANI CO	NDITIONS CO	DULKIBUTING	5 TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE	OR CONDITION	GIVEN IN PART	110.
	CERTIFICATION	198 DATE OF OPERA	TION	19h CONDI	ITION FOR W	HICH OPERATIO	N WAS PERFORMED	20a AUTO	PSY? 20b. IF	F YES, WERE FIND	INGS USED
)	IFIC			12.1				YES [NOX IN CE	PERTIFYING CAUSE	NO []
-	CER	21a. ACCIDENT WAS UNI	DERLYING	21b. TIME O			21c. HOW INJURY OCCU			- Lond	
		OR CONTRIBUTING		HOUR A.		DAY YEAR					
	MEDICAL	216 INJURY OCCUR		21e. PLACE	OF INJURY		211 LOCATION		CITY OR TOWN	COUNTY	STATE
	W	WHILE NOT WE	HILE	(AT HOME STR	REET, FACTORY, O	FFICE, FARM, ETC)	STREET	1	CITORIOWA	COUNT	STATE
		22a.1 certify that) ottended h	e deceosed f	rom7	19.89	, to	8/2	19 84	, that 🎏 (we) lost
		sow the deceas above, (we) (we)	ed olive on	STY	riffer death		nd that in (make (our) opinion	n deoth occurred	on the date and	I hour and from th	e couses stated
		22b. SIGNATURE	10	0	aria aria	7777	DEGREE	-1246	74.1-	22c. DAT	E SIGNED
		ALCOHOLD THE	reo	ur			ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN	1 8	Blow
		226 PHYSICIAN'S N.	AME (TYPE OR PI	RINT)	1.0		22e ADDRESS	4.4	4	1	1/2
		ESTKEL	ITA	0. 1	ku.	my	VEVINJAVE HE	BREW GE	KIATRIC	CENTER +	Hosfiraz
	23a B	URIAL, CREMATION,		23b. DATE	1000		EMETERY OR CREMATORY			CUMINITY	51476
	L '	SPECIFY) BURIA		AUG.5		HEBREW			LTIMORE		RYLAND
	24. FU	INERAL DIRECTOR 6010 REIST	SOL L	EVINSOI	N & BR BALTO	OS., INC.	25e. DA	ATE REC'D BY RE		GISTRAR'S SIGN	
	,	DOTO. KE121	LKO IOW	N KD.	DALIU	· , MID 2	21215 At	UG 1 0 1	1984	- Lavidson-	Manage

DHMH - 16 50M 4/83 (VRA 15, 4)

etoined by the hospital or attending physician.

TO HOSPITAL

BP.

23KKYM 28 8 2 10 00 1 5 12 8K THE BELL STEING HE northead to the same of the first the same - HELLOW, ST. TH. MIND COMP. 0759-70-215 BLACK OF THE CHICKE BY EXTENS ON TO MICHAEL SHOW AND A the same to the same of the same of the

1	19	1	
0	4	2	

STATE OF MARYLAND

AL	HYGI	ENE	
ш		0	

I	1-	FOR STATE REGISTRAR		DEPARTM		EALTH AND MENTAL HYG	REG. NO	2 1	1	4 0
I	CTHME	CEASED NAME ROBERT	ERN	NEST B	lum	Ber6	8	8/8	YEAR YUNDER LYEAR	2h HOUR 11/15 PM R IF UNDER 24 HRS
I	1.50	Mple 1	wh, t	e	S. DATE (6. AGE (IN YEARS LAST BIR		NTHS DATS	HOURS MIN.
1	2	MARYLAND	USA	-	WIDOW	- []	BALTIMORE CITY O		F DEATH	Z MD
4	3	altimore/	(IF NOT IN SUC	NAI HE	DDRESS)	OR OTHER INSTITUTION	11 USUAL OCCUPATION OF THE SUPERVISOR OF THE SUP	F WORKING LIFE)	INDUSTRY	OFFICE
1	l'Io S	AL RESIDENCE (IF NURSING JONE OR OTHE STATE 138 COUNTY MARYLAND BALTO.		BALTIMO	1	134 INSIDE CITY LIMITS?	7211 BROOK		APT. WAY	T-1 #21208
	1	THER'S NAME FIRST ISADORE	E	BLUMBERG		RACHAEL	WIDDLE		JNKNÖ́	
	16a W	VAS DECEASED EVER IN U.S. ARME		216-44-34		7211 BROOK CI	S. BERTHAPPB REST WAY B	EUMBERO	MD	21208
		18 CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED B IMMEDIATE Conditions, if any, which gave rise to immediate cause (ol.) stating the	Y: AUSE (a)/ DUE TO, OI	RAS A CONSEQUE	NCE OF	2 anest lemnonda	gl		4	auth
	NOI	PART 2 OTHER JUNIFICANT CON	(c)			NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART 1	lo
7	CERTIFICATION	THE DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20h IF YES, V IN CERTIFYII YES		INGS USED S OF DEATH? NO
	DU141.0	210, ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME O HOUR A.	M. MONTH DA	Y YEAR	216 HOW INJURY OCCURR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PAR	T T OR PART ?)	
	MEDICAL	21d. INJURY OCCURRED NOT WHILE AL WORK	21e. PLACE ((AT HOME, STR	OF INJURY REET, FACTORY, OFFICE, FA	ARM, ETC)	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
	N. N.	220-1 certify that (I) (this hospital) saw the deceased alive on	7/8/6	19	7/3	nd that in (my) (our) apinian o	, ta	, 19 ite and havr o	and from the	, that (I) (we) last e causes stated
		Is la 1	Amo	1		DEGREE ATTENDING PHYSICIAN	MEDICAL STAF		8/8	184
		RICHAYO	P	SONES		51NA1	4050			

DHMH - 16 50M 4/83 (VRA 15, 4)

24 FUNERAL DIRECTOR

23b. DATE AUG. 10.1984 230 BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL SOL LEVINSON & BROS., INC.

6010 REISTERSTOWN RD. BALTO, MD

23¢ NAME OF CEMETERY OR CREMATORY
HEBREW YOUNG MEN

23d LOCATION BALTIMORE

MARYLAND

250 DATE REC'D. BY REGISTRAR IN REGISTRAR'S SIGNATURE AUG 15 1984 Fisha Dundon-Himler

TROVIDE IN THE TOTAL PROPERTY.

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			11.286.769	102	
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	DE YELVE				
		A Hillion			
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	Carrier Cont				
A STATE OF THE STA					*
					WITCH COLLEGE
			I O S Seed A. PROBLET (N. 1.01. JESS JESS A SON	VF	USE OF

8			
7	B	page 3	
•	TO HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 haurs after death. Page 4, bay aretained by the haspital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	ed at once.
YLAND 21201	ithin 24 haurs afte	tely filled in by the 2 shauld be filed v	IMPORTANT: If them 21 is marked or Item 18 shows any injury, ar other traumotic event, the medical explained must be notified of once.
ALTIMORE, MAR	te be executed w	sician and cample bers. Pages 1 and al.	the medical expm
PRESTON ST., B	he death certifica	he ottending physemave corbonpol	er traumotic event,
ECORDS, 201 W.	aw requires that t	been signed by t mit. Then please r prior ta burial, cre	any injury, ar othe
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	PHYSICIAN: The linding physician.	TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physici should be detached for use as the buriol-transit permit. Then please remaye carban paper with the State Dept, at Health and Mental Hygiene prior ta burial, cremation, or remayal.	or Item 18 shows
SIAIG	TO HOSPITAL OR ATTENDING PHYSICIAN: The retained by the hospital or attending physician.	ineCTOR: After 1 thed for use as the opt of Health and	Item 21 is marked
	TO HOSPITAL Cretained by the	Should be detact with the State D	IMPORTANT: IF

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

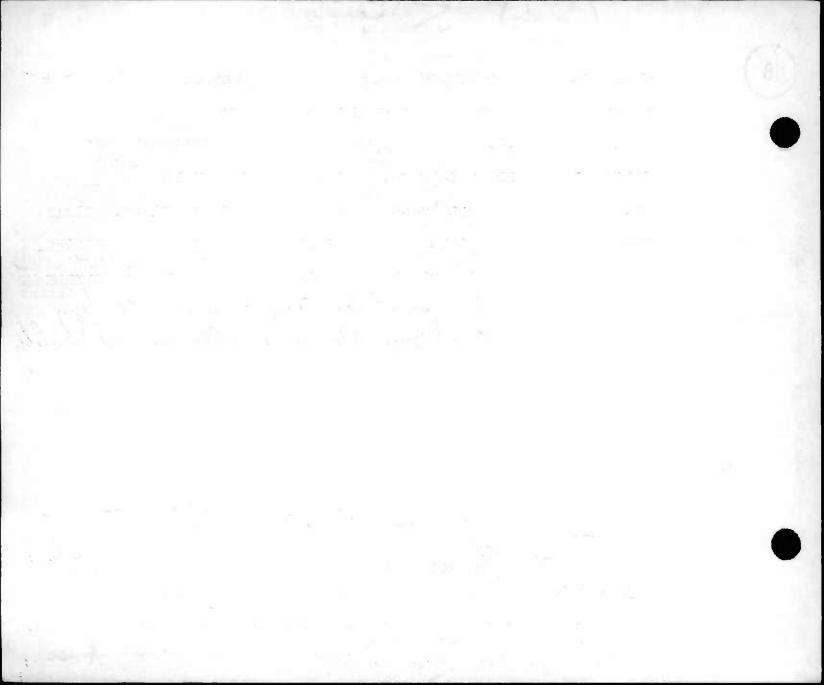
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disk	el-a	•			

	1 -	FOR STATE REGISTRAR		DEPA		EALTH AND	MENTAL HYGII DEATH	ENE & Gi	NO.			
I		EASED NAME FIRST		MIDDLE		AST		20 DATE OF DEATH	MONTH	DAY YEAR	2b HOUR	_
ı	(TYPE	MARGARETTA	(AKA M	IARGARE I	r) BOES	SL		August	7.	1984	5:301	M
ı	3 SEX	(4 RACE		S. DATE C			AGE (IN YEARS LAST		IF UNDER I YEAR	IF UNDER 24 HRS	
1		FEMALE		ITE	JUNE			97	YRS.	MONTHS DAYS	HOURS MIN.	
	7a BIF	RTHPLACE (STATE OR FOREIGN		OF WHAT COUNT	RY? 8 MARRIE	D NEVER	MARRIED 🗆	BALTIMORE CITY	OR COUNT	TY OF DEATH		
		RTHPLACE (STATE OR FOREIGN MD.	U.S.		WIDOWE	NX D	NORCED [BAL	TIMOF	RE CITY	Μ	D.
1	10 CI	TY OR TOWN OF DEATH	(IF NOT IN	OF HOSPITAL, NUF	REET ADDRESS)	R OTHER INS	TITUTION	12a. USUAL OCCUPA (TYPE OF WORK FOR MOS			F BUSINESS OF	2
		BALTIMORE	2322	2 BELAI	R RD.	212	13	HOMEMA	KER		_	
7	13a. S	MD.		13c. CITY OR T	OWN	13d. INSIDE (NO 🗌	13e STREET ADDRESS 2322 BE			1213	
ı	14. FA	THER'S NAME FIRST	MIDDLE	LAST		15. MOTHER	S MAIDEN NAM	E MIDDLE		LAS'		
7		PETER		PFAB		A	NNA	MARI	E	G1	ROFF	
		AS DECEASED EVER IN U.S. A	RMED FORCES		ECURITY NO.	17. INFORM.	ANT	1110	RESS CET	AR LAN	E	
		NO	The state of the state of	' 1	2-4199	b RO	SALIE (KINGSV		410
	Z	Conditions, if any, which gove rise to immediate cause (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT	(ii) DUE TO,	OR AS A CONSE	Vaure OUENCE OF	NOT RELATE	TO THE TERMIN	CVD14	ad O	IVEN IN PART LICE	Siili,	13
	CERTIFICATION	190 DATE OF OPERATION	196 COM	ndition for wh	IICH OPERATIO	N WAS PERFO	DRMED	200 AUTOPSY?	IN CERT	ES, WERE FINDIN TIFYING CAUSES YES [IGS USED OF DEATH?	_
		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		E OF INJURY A.M. MONTH	DAY YEAR	21c HOW II	JURY OCCURRE	D (ENTER NATURE OF IN	JURY IN ITEM 18	3 PART I OR PART 2)		_
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE		P.M. CE OF INJURY	19	ZII LOCATI	ON					-
	ME	WHILE NOT WHILE AT WORK	(AT HOME	STREET FACTORY, OFF	ICE FARM ETC)	STREE		CITY OR	IOWN	COUNTY	STATE	
		22a I certify that (I) (this hosp	oital) attended	the deceased fro	om	Self 1-	2. 19 60	, to8/	7	1984	that (I) (we) la	st
		sow the deceased alive a obove, (1) (westedd) (did n	n 9	7 I	9 34,00	nd that in (my	(dal) opinion de	eath occurred an the	date and ho	our and from the	couses stated	
		226. SIGNATURE	13	A CONTRACTOR	na	DEGREE	ATTENDING	MEDICAL SI	AFF	771 DATE	MIGHE	-
_		COL DUNC ICIANUS NIA AS	4//	200000	///	122e ADDRE		MEDICAL ST DIRECTOR PHYS	ICIAN 🗌	17	104	_
		L.B. Ste	iens	MD			OOErc	lman 1	g~.	1	/	
Ī	23a. B	URIAL, CREMATION, REMOVA	L 23b. DATE	17	23¢ NAME OF C	EMETERY OR	CREMATORY	23d LOCATION				=
		BURIAL	8/1	0/84			Garde		timo		Md.	
ı	24 E1	INTERNAL COMPUTATION ATTAITS TO	DITITION	DAT HOM	TNO	1	25- DATE	DEC'D BY DECISTO	DISKL DECT	CTD AD'C CICALAT	LIDE	_

DHMH - 16 50M 4/83 (VRA 15, 4)

PAL SCHEMUNEK FUNERAL HOME, INC. 9705 BELAIR RD., BALTO. MD. 21236

AUG 1 0 1984 Julia Davidson-Randale



BP **DHMH - 17** (VR A15 ME (5)) 20M 4/82

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1.	REGISTRAR		MEI	DICAL EXAMIN	ER'S	CERTIFICATE O	FDEA	TH REG	NO.		
	ECEASED NAM	E FIRST		WIDDIE		LAST	2	DATE KNOWN	XX MONTH	OAY YEA	AR 2b. HOUR
(1)	TPE OR PRINT)	GF(ORGE	R. BOLL	ING.	Sr		OF ESTI- DEATH MATED	□ 8-3-	-84 19	
3. SE	Х	4. RACE	5. DATE OF BIRTH	6 AGE (IN YEA	ARS IF UN	DER I YR. IF UNDER		C. DATE	MONTH		AR 2d HOUR
M	ale	White		L961 23 YR	. Incordin	HS DAYS HOURS	MIN, F	RONOUNCED	8-3-	-84 19	7:35,
	BIRTHPLACE (S	TATE OR	76. CITIZEN OF WE	HAT COUNTRY?	8. MARR	IED X NEVER MARRIE	ED [BALTIMORE CIT	Y OR COUNT	OF DEATH	
/ W	ashing	ton D.C	U.S.A.		WIDOW			Baltimor	e City		MD.
	ITY OR TOWN			PITAL, NURSING HOME	, OR OTH	IER INSTITUTION	12a USU	AL OCCUPATION OST OF WORKING LIFE)	TYPE OF WORK	26 KIND OF	BUBINESS
1/	Baltimo		Univer	sity Hospit				tronic			
7 13a.	AL RESIDENCE STATE arylan	N3 COUNT	ROTHER INSTITUTION, GIV TY timore	136. CITY OR TOWN Dundalk	ON}	134 INSIDE CITY LIMITS?	13e STRE	et address O North	Round	dary 2	1222
	AT Y TATE		CIMOLE	Dundaix		15. MOTHER'S MAIDER		O NOI CI	Douin	auly —	Noud
	harles		D.	Bolling, S	r.	Margare		A.		Long	
7 160.	WAS DECEASE	DEVER IN U.S. ARA		166. SOCIAL SECURITY		17 INFORMANT		ADDR	ESS		
600	Yes		-1982	213-78-93	351	Diana M	I. Bo	olling	Sam	e as	13e
	18 CAUSE C	F DEATH (Enter onl	y one couse per line	far (a), (b), and (c).)					D OIL	APPROXIA	MATE INTERVAL
	PARTIDE	ATH WAS CAUSED	DIV.	ultiple inj	uries	5				BETWEEN O	NSET AND DEATH
17	8/2	IMMEDIAT		AS A CONSEQUENCE	OF						
1		ns, if ony, which									
		se to immediate stating the under-	DUE TO, OR	AS A CONSEQUENCE O)F						
	lying cau	ise lost.									
	PART 2 OTHER SI	GNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERM	INAL DISEAS	F OP CONDITION GIVEN IN PART	PT 1 (a)				
Z		•		TO THE TERM	NAL VIJERJI	COR CONDITION OFFEN IN PAR	(1 1 0				
MEDICAL CERTIFICATION	19a. DATE OF	OPERATION	196 CONDIT	TION FOR WHICH OPER.	ATION W	'AS PERFORMED?				20 AUTOP	SY?
1 8										YES &	_
1 1		AL CAUSE WAS	21b. TIME OF	INJURY	21c. HC	OW INJURY OCCURRED	D LENTER NA	ATURE OF INJURY IN ITEA	18 PART 1 OR PART		J 00 L
A P	UNDERLYING	XXOR	EATUS: 20PM	8-3-84 19	dr	iver of aut					
DIG.	214 INJURY C			OF INJURY (ATHOME,	21f. LO	CATION					
1 2	WHILE AT WORK	NOT WHILE	street, FACT	ORY, FARM, ETC.)	Yo	FK Rd. 70!	Nort		COUR		STATE
7		AT WORK				onton Circle	e	Bal	to.Co.,	Md.	
1	22a. I certi	fy that I took charge	of the remains des	cribed above, held an	Autap	sy 💹, Inspection	- L.	Inquiry L.	and in my api	nian	
7	death result	ed from. Noture	al causes 🔲,	Accident X, Sur	cide	, Homicide .	Undete	rmined manner	١,		
1.	ACTUAL	1	19			TITLE (SPECIFY)			DATE		
7	SIGNATURE.	- 14	16		M	.o.Assistant	MEDIC	CAL EXAMINER	SIGNED	8-4-	84
1	EXAMINER'S (TYPE OR PRI	NAME Grego	ory R. Ka	uffman, M.D		ADDRESS111	Penn	Street			
23a.	BURIAL, CREMA	TION, REMOVAL 23	b. DATE	23c. NAME OF CEA			23d. LO	ATION			CTAYC
	urial	MATERIAL STATES	8/8/1984	1 Cedar	Hil	1	Su	itland	COUNT		yland
24.1	FUNERAL DIREC	TOR Duda-	Ruck, Ir	nc.		250. DATE R	EC'D. BY	REGISTRAR 256 R	GISTRAR'S SR		4
7	922 Wi	se Aven	ue Dur	ndalk, MD.	21	1110	9 198	34	undson-N		/

and the sale and the sale and the

W	STAT	E OF MARYLAND		1 1 1 5
FOR STATE		HEALTH AND MENTAL HYG	IENES &	1 1 7
REGISTRAR	CERTII	FICATE OF DEATH	REG. NO.	
I. DECEASED NAME OF FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
(TYPE OR PRINT)	ect Lee Boll	INC	2/31/84	11:02
3. SEX	4 RACE S. DATE	OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
1000 10	Black MONT	H DAY YEAR	60	MONTHS BATS HOURS MIN.
To. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY? 8	27/5	9 BALTIMORE CITY OR COU	
COUNTRY)	MARRIE MARRIE		0 11	. 0
Virginia 10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME		130 USUAL OCCUPATION	126 KIND OF BUSINESS OR
0 11	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	OK OTHER INSTITUTION	TYPE OF WORK FOR MOST OF WORKIN	
156 (TIMO1+	ME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION	OSPHAI	Ketired	
	OUNTY 13t. CITY OR TOWN	13d INSIDE CITY LIMITS?	13e STREET ADDRESS	
May ry Ard	1 Batlimore		3803 Gwynn (Oak Ave. 21207
14. FATHER'S NAME	MIDDLE	15. MOTHER'S MAIDEN NA	ME	LAST
John	Bolling	Ethel		Hicks
160 WAS DECEASED EVER IN U.S	S. ARMED FORCES? 166. SOCIAL SECURITY NO.	17 INFORMANT	ADDRESS	
YES	2280990	V/ The 1ma Ps	ttereon 33 G	. Fulton Stre
Conditions, if any, whice gove rise to immediate couse (a), stating the underlying cause los	e DUE TO, OR AS A CONSEQUENCE OF	spivatur	y failur	2
PART 2. OTHER SIGNIFICA	NT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION	GIVEN IN PART 110
	ted dealibitus	Ulcer.		
190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATIO		20s AUTOPSY? 20b. IF	YES, WERE FINDINGS USED
190 DATE OF OPERATION 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	docubitus	11/1001	YES TO NOT IN CE	RTIFYING CAUSES OF DEATH?
210. ACCIDENT WAS UNDERLYIN		WILL	RED (ENTER NATURE OF INJURY IN ITEM	
00.00.00.00.00.00.00				
OR CONTRIBUTING CAUSE OF THE STATE OF THE ST	MINER) P.M. 19	211 LOCATION		
MHITE NOT WHITE	(AT HOME STREET FACTORY OFFICE FARM FIC.)	STREET	CITY OR TOWN	COUNTY STATE
AT WORK AT WORK	pospital) attended the deceased from	177 10 84	8 151	84
sow the deceased aliv	e on 8/30 19 84 6	nd that in (my) (our) opinion of	deoth occurred on the date and	hour and from the course stated
above, (I) (we) (did) (did) (did)	d not) view the body ofter deoth.	DEGREE	33, 110 3010 0110	22c DATE SIGNED
5/	Dall.	ATTENDING _	MEDICAL STAFF	ME DATE SIGNED
22d. PHYSICIAN'S NAME (1	ove yyr	PHYSICIAN [DIRECTOR PHYSICIAN	
		220 ADDRESS	yty Italde	Promoto tu
mc	600	600 FINE	ALALI-LUD.	11 ONI YEAR IL

DHMH - 16 50M 1/81 (VRA 15, 4)

10 FUNERAL DIRECTOR should be detached for v with the State Dept. of Ho

230 BURIAL, CREMATION, REMOVAL BURIAL 9/6/84

Garrison Forest VA

23d LOCATION
CITY OR TOWN
Owings

Md.

24 FUNERAL DIRECTOR

Wm C March F/H Inc. 1101 E North Avenue

Mills, Md.

256 REGISTRAR'S SIGNATURE

Julia Davidson-Andalle

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral direction should be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages I and 2 should be filled within 72 hours aftime the State Dept of Health and Mental Hygiene prior to burial, cremotion, or removal.

medico

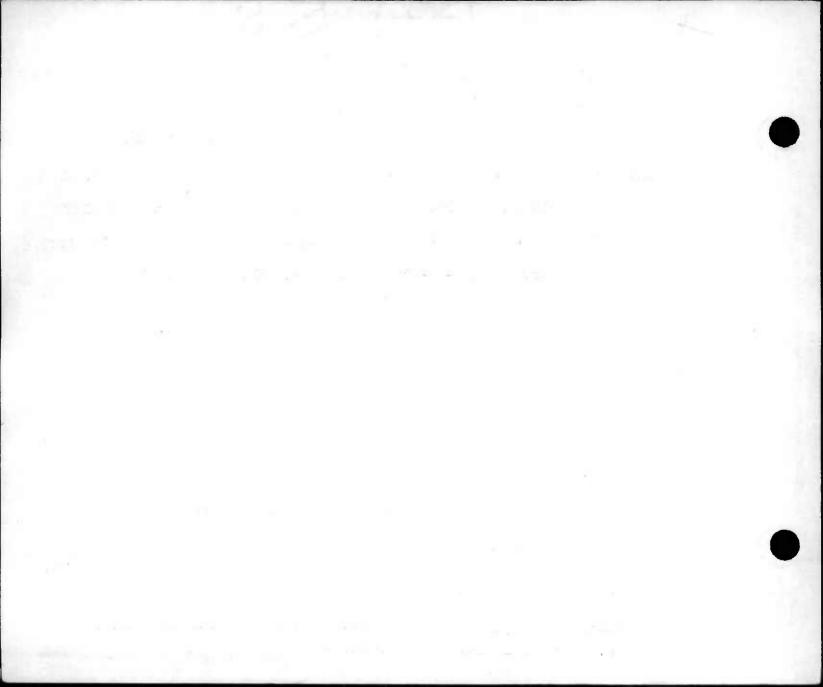
IMPORTANT: If Hem 21 is marked at little 1 shows any injury, or other troumatic event, the

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

2

1	1 - STATE REGISTRAR	DEPAR		ALTH AND MENTAL HYGI		2 1	1
	1 DECEASED NAME FIRST RAY.	J.	Bolt	T	REG. NO 20 DATE OF DEATH		75 PM 26. HOUR PM
	M ale	RACE White	5. DATE OF	BIRTH 30	6 AGE (IN YEARS LAST BIRTH	YRS MONTHS	DAYS HOURS MIN.
A	West Virginia	U.S.A.	MARRIED WIDOWED			ore City	MD.
	Baltimore	NAME OF HOSPITAL, NUR (IF 401 IN SUCH FACILITY, GIVE STR St. Agnes HC	spital	OTHER INSTITUTION	12. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Maintenance	WORKING LIFE) INDI	or Bldgs
1	USUAL RESIDENCE (IF NURSING HOAF OR O) 130. STATE Md Balt	imore Lansdor	wne	YES NO 🗓	2400 Tions	zip code esta Road	21227
1		G. Bol-	t	S MOTHER'S MAIDEN NAM	MIODLE		Landford
1		ean 234-44		Louise A. B	olt Same	as 13e	
	18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE	BY.	11.	monary a	nut	- 6.6	APPROXIMATE INTERVAL TWEEN ONSET AND DEATH
	Conditions, if ony, which gove rise to immediate cause (o), stating the underlying cause lost.	DUE TO, OR AS A CONSECTION OF THE CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF THE CONSECTION O	A - P.	ossille Co	Carcino	ma	
	PART 2 OTHER SIGNIFICANT CO	DADITIONS CONTRIBUTING T	O DEATH BUT N	OT RELATED TO THE TERM!	inal disease or cond	ITION GIVEN IN P	
	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHI			YES NO	YES 🗌	AUSES OF DEATH?
	OR CONTRIBUTING CAUSE OF DEATH	P.M.	DAY YEAR 19	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY	IN ITEM IB PART I ORP	ART 2)
	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFIC		211 LOCATION STREET	CITY OR TOW	/N (OU	INTY STATE
	22a.1 certify that (1) (this haspital sow the deceased alive an above, (1) (we) (did) (did not)	8-2 19	87 , and	that in (my) (our) apinion o	death occurred on the dot		
	226 SIGNATURE	liam	11	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICI		P-2-84
	22d PHYSICIAN'S NAME (TYPE OR P	William	75	22e. ADDRESS	4.		
	230. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial			ill Cemetery	Baltimo		
	George J. Gonce	↓001 Ritchianes	Hgwy Ba	lto Md	REC'D. BY REGISTRAR'2 8 1984	steregistrar's s	IGNATURE AND

DHMH - 16 50M 4/83 (VRA 15, 4)



complete

prior to

should be detached for use as the with the State Dept. of Health and IMPORTANT: If Hem 21 is marked a

certificate nd Mentol Hygi morked or Item 18 sh

TO FUNERAL DIRECTOR: After

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

ı	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.				
	1. DECEASED NAME (TYPE OR PRINT) Edity	2 Ki	Bond	20. DATE OF DEATH MONTH	8 84 5:10 M			
1	3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS			
	Female	Black	10 2 20	63 yrs.	MONTO DATO MONTO			
	70. BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED A NEVER MARRIED	9. BALTIMORE CITY OR COUNT	Y OF DEATH			
7	Maryland	U.S.A.	WIDOWED DIVORCED	BALTIMORE CI	TY. MD.			
	10. CITY OR TOWN OF DEATH		IG HOME OR OTHER INSTITUTION	120. USUAL OCCUPATION	12b. KIND OF BUSINESS OR			
7	Baltimore	Mercy Hospit	_	TYPE OF WORK FOR MOST OF WORKING L	PE) INDUSTRY			
-	USUAL RESIDENCE (IF NURSING HOME OF 136, STATE	OR OTHER INSTITUTION GIVE RESIDENCE SEFORE	ADMISSIONI 13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	-7.7 01000			
4	Maryland	Baltim	NOTE YES X NO		od Ave. 21202			
-	FIRST	MIDDLE LAST	FIRST	WIDDLE	LAST			
1	Samuel	Ross	Amanda III. INFORMANT	ADDRESS	Travis			
	160 WAS DECEASED EVER IN U.S. AI (YES, NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES)	-2732 Roosevelt		ntwood Avenue			
	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE (b) Congestiv DUE TO, OR AS A CONSEQUE (c)	respiratory Arr ence of the Heart Failui	re, Renal Failus				
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS CONTRIBUTI								
	7/10/84	Hepatic 1	Hemangioma	YES X CHO Y	IFYING CAUSES OF DEATH?			
	210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 210 HONTH DAY YEAR 210 HOW INJURY OCCURRED (SATER NATURE OF INJURY IN ITEM 18 PART I ORP							

YES 211 HOW INJURY OCCURRED (BATER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR

OR CONTRIBUTING _ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE

/14/84

1.101

211. LOCATION STREET

that (I) (we) lost and that in (my) (our) opinion death occurred an the date and hour and from the causes stated

CITY OR TOWN

abave, (1) (we) (did) (did not) view the bady after death 226 SIGNATURE

22a.1 certify that (1) (this hospital) attended the deceased from

MEDICAL STAFF
DIRECTOR PHYSICIAN ATTENDING PHYSICIAN 22e ADDRESS

22c DATE SIGNED

STATE

gelman 23a. BURIAL, CREMATION, REMOVAL 236. DATE-BURIAL

March F/H Inc

AT WORK

saw the deceased olive an

22d. PHYSICIAN'S NAME

23t. NAME OF CEMETERY OR CREMATORY

Arbutus Mem

DEGREE

23d. LOCATION

Arbutus

COUNTY STATE

24. FUNERAL DIRECTOR DHMH - 16 50M 4/B2 NAME

MEDICAL

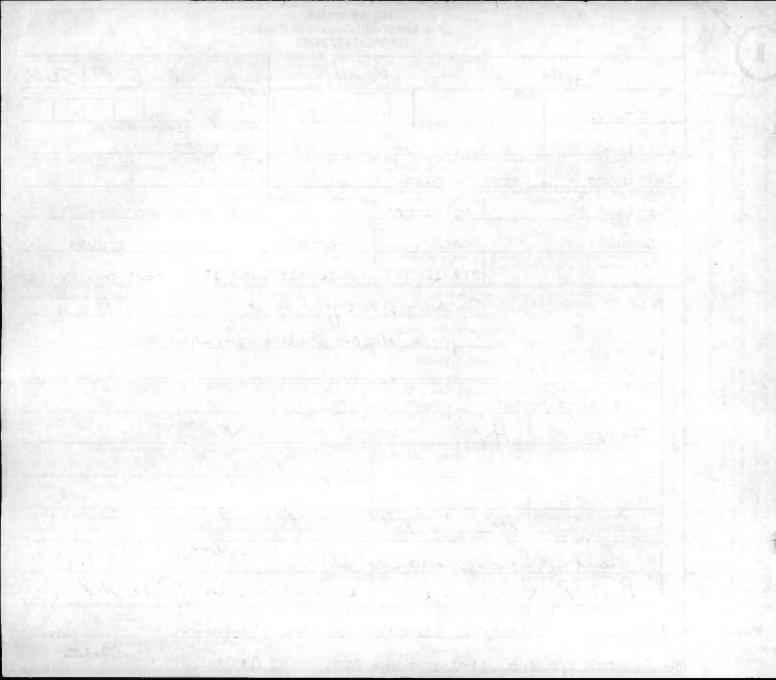
(VRA 15, 4)

BP

ADDRESS

250. DATE REC'D. BY REGISTRAR ISD. REGISTRAR'S SIGNATURE

COUNTY



TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be .

r, page 3

impletely filled in by the gond 2 should be filed —

IMPORTANT: If Hem 21 is marked ar Item 18 shaws any injury, ar ather traumatic event, the medical exa TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and ca should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar remaval.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

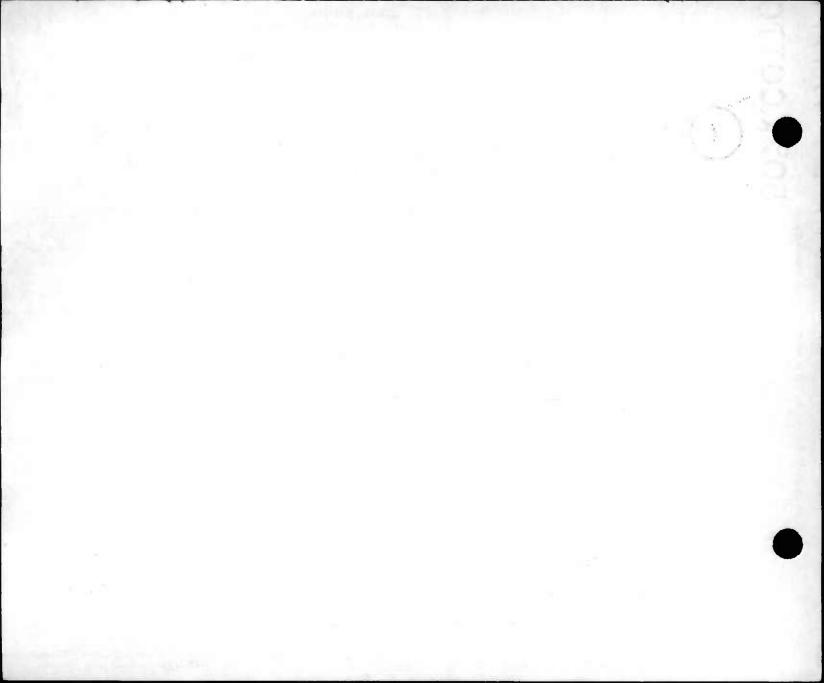
	ا -	FOR STATE REGISTRAR	D		EALTH AND MENTAL HYG		6	1	3 6	
\I	1 050		MIDDLE		AST	REG. N	O. MONTH DA	AY YEAR	2b HOUR	
1		On some at		D)	0117	20. DATE OF DEATH	1 1		ZB HOUR	X.
		EV	A	B	OND		8/20/	84	5	AM
5	3 SEX		4 RACE	5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIR	THDAY)	F UNDER TYEAR	# UNDER 2	24 HRS
		FEMALE	Black	MONTE	18 19,3	70	YRS	ONTHS DAYS	HOURS	MIN,
М		OUNTRY)	76 CITIZEN OF WHAT CO	UNTRY? 8.	NEVER MARRIED	9. BALTIMORE CITY C	E COUNTY	OF DEATH		
П	M	ARULAND	11.5.	WIDOWE		C	Tu			MD.
+	10 CIT	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL.			120 USUAL OCCUPAT	ION	126 KIND OF	BUSINE	
a		ALTIMORE	(IF NOT INSUCH EACILITY, G	HERRY	Hill RD.	CTYPE OF YORK FOR MOST OF	SE WORKING LIFE)	INDUSTRY		
,	USUA 13a, S	L RESIDENCE (IF NURSING HOME OR TATE 136 COUN	OTHER INSTITUTION GIVE RESIDEN	OR TOWN	13d INSIDE CHY LIMITS?	1134 STREET ADDRESS	/ 7IP CODE		7	_
5	M	PRYIAND	BAC	TIMORE		13. STREET ADDRESS	BRIDEL	-VIEW	KU	2425
	I4 FA	THER'S NAME FIRST FIRST	MIDDLE S JOHNS	IAST /	15. MOTHER'S MAIDEN NAV	WIDDLE		IAST		
4	16a W	AS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCT	AL SECURITY NO.	17 INFORMANT	ADDR	ESS			
			/E WAR OR DATES)		DURIS MAD	201 2211	11/16	= 1/1670	W. V	2.50
-					Joicia Minju	401 4944	·NZE	7.		صر مردر د
		18. CAUSE OF DEATH (Enter or	nly one couse per line for (a	1, (b), and (c)	,			APPROXIA BETWEEN O	AATE INTERV	DEATH
	- 1	PART I. DEATH WAS CAUSE	TE CAUSE (D)	reliopulm	may treat					
	- 1	MARCON			, , , , , , , , , , , , , , , , , , , ,					
		C- Par - 1 - 1 - 1	DUE TO, OR AS A CO	NSEQUENCE OF						
		Conditions, if any, which gave rise to immediate	(p)		·			+		
		couse (0), stating the	DUE TO, OR AS A CO	NSEQUENCE OF	T	1 1/-		1		
		underlying couse last.	(c) Intro	carebral	Tumor -	140 perable	•			
	z	PART 2 OTHER SIGNIFICANT	1	ING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	IDITION GIVE	N IN PART Ira		
4	CERTIFICATION			is; Fluid	A COSCINED		Table 15 VEC	WERE FINDIN	CC UCEO	
7	₫	198 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	IN CERTIFY	ING CAUSES	OF DEATI	H?
7	Ë					YES NO	YES		NO []
5	Ü	218. ACCIDENT WAS UNDERLYING	110110 111 1101	TH DAY YEAR	21c HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	IRY IN ITEM IS PAR	RT T OR PART 21		
		OR CONTRIBUTING CAUSE OF DEA	AIR	TH DAT TEAR						
	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY		211 LOCATION					
	WE		(AT HOME STREET, FACTOR)		STREET	CITY OR TO)WN	COUNTY	51	TATE
		AT WORK AT WORK					3 4			
		220 I certify that (1) (this hospi	OH/CI	071	JULY , 1984.	, to			hot (I) (~	
		saw the deceased alive an above, (1) (we) (did no	8/16/	1984	nd that in (my) (aur) opinion i	death accurred on the d	ate and hour	and from the c	ouses sta	ted
		226. SIGNATURE	IT NEW THE BODY OTHER GEOF		DEGREE			22c DATE S	SIGNED	
		9h Shat			ATTENDING PHYSICIAN R	MEDICAL STA		8/21	0984	1
П		224 PHYSICIAN'S NAME (TYPE C	OR PRINT)		22e ADDRESS		0	1.75	-	
		HARI K. BHA	45IN HD		606 HAMMON	NDS LANE	BALTO	MD 21	225	
\neg	23a B	URIAL, CREMATION, REMOVAL	23b DATE	73c NAME OF C	EMETERY OR CREMATORY	23d LOCATION				
]	(BURIAL	8-22-84	CEDA	AR Hill	BALT!	MORE	COUNTY	RYZ	200
	74 FI	INERAL DIRECTOR		1		E REC'D. BY REGISTRAR	-	AR'S SIGNATI	IRE	
1	1	NAME DIRECTOR	ps 172'	DDRESS (/ A A		10 0 0 400 4	diliant	acre of the	mode	18.
	_	G.L. 511111	NS 110	1 10.11	on as of Al	JU 4 4 1964	16		1	

172 ADDRESS N. Montas St

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

etained by the haspital or attending physician.



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached for use as the burial-tronsit permit. Then please remave corbanpapers. Pages 1 and 2 shauld be filed within 72 haurs after death with the State Dept. of Health and Mental Hygiene prior to burial, cremotian, ar removal.

injury, ar ather traumatic event, the medical

MPORTANT: If Hem 21 is marked or Hem 18 shows ar

(VRA 15, 4)

CERTIFICATION

MEDICAL

STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	

MENT	OF	HEA	LTH	AND	MENT	AL	HYGIENES
CE	RTI	FIC	ATE	OF	DEAT	H	

REG. NO.

DECEASED NAME	FIRST	٨	AIDDLE	LA	15.7		20. DATE OF	DEATH	монтн	DAY	YEAR	26 HOL	JR
(TYPE OR PRINT)	EARL		T.	BOOKE	ER .				8	6	84	7:10	бр "
SEX		4 RACE		5. DATE O	F BIRTH		6 AGE (INYE	ARS LAST 8	IRTHDAY)		DER I YEAR	IF UNDER	
Male		Black		4 MONTH	1°3	22	62		YRS	MON1	HS DAYS	HOURS	MIN.
a BIRTHPLACE (STATE OF	REFOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	O NEVED A	ARRIED	9 BALTIMOR	E CITY	OR COUN	TY OF	DEATH		
Md.		US	A	MARRIED		ORCED	BALTIM	ORE	CITY				MD
O CITY OR TOWN OF DE	ATH		OSPITAL, NURSIN			ITUTION	12a USUAL O				26 KIND O	F BUSINI	ESS OR
DALT'IMORE		Loch	Raven V	AHOE	sp.		Por	ter	OF WORKING	(IFE) II	ADOSTRI	4 1 1 1	. ~1
JSUAL RESIDENCE (# NUI 3a. STATE	136 COUP		GIVE RESIDENCE BEFORE		13d. INSIDE CI	TV I IAAITS 2	112 STORET A	DDESS	/ 7IP CO	ine.	1	12	1/
Md.	130 000	*11	Balto.	`	YES T	NO 🗌	13 STREET A	dru.	id"PI	K.L	ake	Dr.	,
4 FATHER'S NAME		WIDDLE	LAST		15 MOTHER'S		WE	WIDDIE			LAST		
McKinle		MIDDLE	Booker		-	rrie		WIDDEE			Wo		
60. WAS DECEASED EVE	M	MED FORCES?	16b. SOCIAL SECU		17 INFORMAL			ADD	RESS		VY	D-	.1
(YES, NO OR UNKNOWN)	43-4	E WAR OR DATES)	214-16	-5931	Virg	inia	Dorsey	19	17 E	Cuta	aw P.	Lace	9
18 CAUSE OF DEA PART I. DEATH V	WAS CAUSE		line for 1013 (b), one	1	mon	OFY.	Ar	re	st	\exists	BETWEEN C	MATE INTE	PEATH
Conditions, if on		DUE TO, O	As a conseque		enic	- 5	noc-l	1	Se	P	210		
gove rise to in couse (0), stot underlying cous	ing the	DUE TO, O	RALA CONSEQUE	NCE OF	lia	int	arc.	ti	00	5			
DART 2 OTHER SIC	SNIEIC ANT (CONDITIONS	NITPIRETING TO D	E ATH BUIL	NOT PELATED	TO THE TERM	AINI AI DISEASE	OPCO	NDITION	SIVENII	N PART 1		

190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATIO	N WAS PERFORMED		206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?		
			YES NO	YES 🗍	NO 🗍	
218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c. HOW INJURY OCCURRED	D (ENTER NATURE OF INJUR	Y IN ITEM 18 PART OR PART 2)		
214 INJURY OCCURRED WHILE ON OT WHILE OF AT WORK AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOV	vn COUNTY	SLATE	
ug Thirdermed plive on	owended the deceased from July 11918t 6 19 84 , or ew the body ofter death.	23 , 19 84 and that in (N) (our) opinion de	to August (

ATTENDING PHYSICIAN MEDICAL STAFF Y

22e. ADDRESS

Md.

23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY

STATE Md

Burial
24 FUNERAL DIRECTOR DHMH - 16 50M 4/83

(SPECIFY)

23a. BURIAL, CREMATION, REMOVAL

FOR - STATE REGISTRAR

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of ance.

must

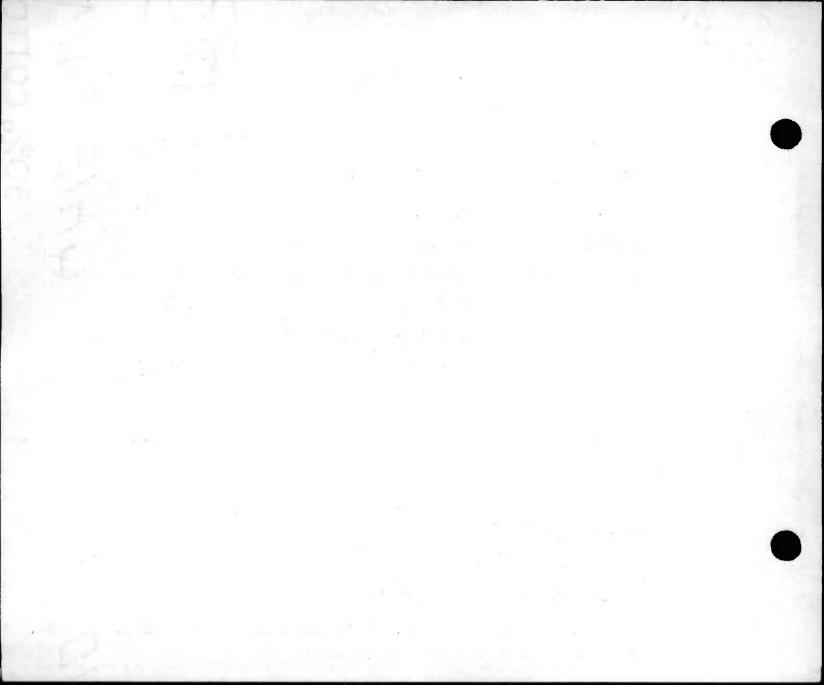
CarIton C. Douglass FS 1072 Penn. Avenue

8/10/84

Vet8s Cemetery
250 DATE REC'D. Owings BY REGISTRAR 250

23b. DATE

250 REGISTRAR'S SIGNATURE



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LEA	
2	•

STATE OF MARYLAND

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C-4		

I	FOR STATE REGISTRAR	DEPARTM	CERTIFICATE	OF DEATH	REG. NO.	2.	2
	1. DECEASED NAME FIRST THE OR PRINT)	as J. E	BORKO	wicz	26 DATE OF DEATH MON	8/84	12 00 M
	Male	White	5. DATE OF BIRTH	y^23, ĭśn 8	6. AGE (IN YEARS LAST BIRTHDA	YRS MONTHS DAYS	IF UNDER 24 HRS
	Maryland	CITIZEN OF WHAT COUNTRY? United States	WIDOWED	DIVORCED [Baltimore city or co	City,	MD
	Baltimore	NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET A FRANCIS Scott K	ey Med. (12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO Laborer		Co.
-	USUAL RESIDENCE (# NURSING HOME OR OT 130 STATE 136 COUNTY Maryland		13d, IN	NO []	13e STREET ADDRESS / ZII		21224
	IN FATHER'S NAME FIRST William -	Borkowicz		THER'S MAIDEN NAM FIRST Catherine	MIDDLE	Buczek	it
	16a WAS DECEASED EVER IN U.S. ARME (YES, NO OR UNKNOWN) (IF YES, GIVE W			ormant omas Borkov	wicz 1011 S.	Bouldin St	./21224
	18 CAUSE OF DEATH (Enter only PART I, DEATH WAS CAUSED I IMMEDIATE	BY:	lio pul	I monory	Arrest	APPROX	IMATE INTERVAL ONSET AND DEATH
	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUED (b) DUE TO, OR AS A CONSEQUED (c)	V	rknown	1		
	PART 2 OTHER SIGNIFICANT CO	Ilmonale. P.	ord for	head ma	rs, cop)		
7	190 DATE OF OPERATION 1	196. CONDITION FOR WHICH (1	111-	YES NOW	IF YES, WERE FINDING CAUSES	
	an an improvement that are never	P.M. 10/16	Y YEAR	NI	ED (ENTER NATURE OF INJURY IN	ITEM IS PART I OR PART 2)	
	OK CONTRIBUTING ASSESSED DEATH (IF EITHER NOTEY ME AT WANTER) AT WORK AT WORK AT W	(AT HOME, STREET, FACTORY, OFFICE BY	MM ETC)	STREET	U/A CITY OR TOWN	COUNTY	STATE
	22a I certify that (1) (this hospital	Pottended the deceased from_	8/ 6	19 4	, to	, 19£ 4/,	that (I) (we) lost

sow the deceoped olive on bove, (I)(we)(did not) view the body ofter death

236 DATE

and that in (my vour) pinion death occurred on the date and hour and from the causes stated DEGREE

22e. ADDRESS

ATTENDING PHYSICIAN

MEDICAL STAFF

224. DATE SIGNED

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

CREMATION, REMOVAL Burial

226. SIGNATURE

23c. NAME OF CEMETERY OR CREMATORY St.Stanislaus Cem.

23d LOCATION
CITY OR TOWN
Baltimore,

Maryland

24 FUNERAL DIRECTOR

23a. BURIAL, (SPECIFY)

DHMH - 16 50M 4/83 (VRA 15, 4)

should be detoched for use os the buriol-tronsit permit. Then pleose remove corbonpope with the Stote Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

TO FUNERAL DIRECTOR, After this certificate has been

etoined by the hospitol

BP.

injury, or oth

MPORTANT: If Item 21 is marked or Item 18 shows any

Lilly & Zeiler Inc. 700 S. Conkling St./21224

250 DATE REC'D.

BY REGISTRAR 25 REGISTRAR'S SIGNATURE

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Ci.,	providing.	Х	prist Lerial	husan shi
. O man	lerore I		Permets Soot May	6 to 111.88
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Mer ou 6	**	Cetarine	- Borkowiez	Miliar
L	.t 4101 main	01005 25500	en Pag	1 0H
		disking 2.3		
na vieli				

mpletely filled in by the funeral director. page 3 and 2 should be filled within 72 hours after death

executed within 24 hours after death. Page 4 may be

deoth certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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2		1	5	64
60	- 8			

	REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	O.		
(TYI	ECEASED NAME FIRST PE OF PRINTS FRAN		ENRY BO	SSE	AST	20 DATE OF DEATH	MONTH DA	1984	1:00a ^
3. St		4 RACE		5. DATE C		6 AGE (IN YEARS LAST BE	THDAY)	FUNDER I YEAR	IF UNDER 24 HRS
	MALE	WHITE		MONTH 10	/25/1909 YEAR	74	YRS	DAYS DAYS	HOURS MIN.
7a 8	BIRTHPLACE (STATE OR FOREIGN COUNTRY)		WHAT COUNTRY?	8.	D NEVER MARRIED	9. BALTIMORE CITY C		OF DEATH	
	INDIANA	U.S.A.		WIDOWE		BALTIMOR		1	WE
	CITY OR TOWN OF DEATH	(IF NOT IN SUC	HOSPITAL, NURSING HEACTLITY, GIVE STREET A CAL CENTE	ADDRESS)	TO MD	17a USUAL OCCUPAT (TYPE OF WORK FOR MOST O			BLICESS OR ATION
USU 13a.	JAL RESIDENCE (IF NURSING HOME STATE JAB. COL	DR OTHER INSTITUTION, JNTY BCO	GIVE RESIDENCE BEFORE 13c. CITY OR TOWN LARGO	admission)	13d. INSIDE CITY LIMITS? YESX NO	13e.STREET ADDRESS 2399 14th	ZIP CODE		3540 8x71
14. F	ATHER'S NAME FIRST FRED	MIDDLE	BOSSE		STELLA	WIDOLE		LAS	Y
lóo.	WAS DECEASED EVER IN U.S. A	RMED FORCES?	166. SOCIAL SECU	RITY NO.	17. INFORMANT	9021°E	DGEWOO:	D DRIV	E
		V. II	301 05 3	836	DONALD F. BOX		RSBURG		20877
	gove rise to immediate couse (a), stating the	DUE TO, OI	R AS A CONSEQUE	NCE OF	-1	00	,		
ATION	PART 2 OTHER SIGNIFICAN		ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	Perforate INAL DISEASE OR CON 200 AUTOPSY?	206. IF YES,	N IN PART III	NGS USED
TIFICATION	PART 2 OTHER SIGNIFICAN	CONDITIONS CO	DNTRIBUTING TO D	OPERATIO			206. IF YES,	WERE FINDING CAUSES	O NGS USED
ICAL CERTIFICATION	PART 2 OTHER SIGNIFICAN 190 DATE OF OPERATION 7/25/8/ 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTHER MEDICAL EXAMI	196 CONDITIONS CO	DITION FOR WHICH IT MUSELS FINJURY OF M. MONTH DAM.	OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES M NO	20b. IF YES, IN CERTIFY YES	WERE FINDING CAUSES	NGS USED
MEDICAL CERTIFICATION	PART 2 OTHER SIGNIFICAN 19a DATE OF OPERATION 7/25/8/ 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF I	196 CONDITIONS CO	DITION FOR WHICH IT MUSELS FINJURY OF M. MONTH DAM.	OPERATIO OPERATIO MY YEAR 19	N WAS PERFORMED	200 AUTOPSY? YES M NO	20b. IF YES, IN CERTIFY YES	WERE FINDING CAUSES	NGS USED
	PART 2 OTHER SIGNIFICAN 19a DATE OF OPERATION 71a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF I (IF ETHER, NOTIFY MEDICAL EXAMIL 21d INJURY OCCURRED WHILE NOTIFY OF WHILE	T CONDITIONS CO	DITION FOR WHICH IT TO DESCRIPTION FOR WHICH IT TO DESCRIPTION FOR WHICH IT TO DESCRIPTION FOR INJURY OF INJURY REET, FACTORY, OFFICE, FACTO	OPERATIO OPERATIO Y Y ARM, ETC.)	211 LOCATION STREET 211 LOCATION STREET 211 LOCATION STREET 212 LOCATION STREET 213 LOCATION STREET 214 LOCATION STREET	200 AUTOPSY? YES NO NO NOTIFIED (ENTER NATURE OF INJURE	20b. IF YES, IN CERTIFY YES JRY IN ITEM 18 PAI DWN Jote and hour	WERE FINDIN ING CAUSES THE TOR PART 21 COUNTY 9	NGS USED OF DEATH? NO STATE that (I) (we) los couses stated
	PART 2 OTHER SIGNIFICAN 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF [(IF EITHER, NOTIFY MEDICAL EXAMIT 21d INJURY OCCURRED WHILE NOT WHILE AT WORK AL WORK 22a.1 certify that (I) (this has say the deceased alive obove, (I) (we) (did) (did)	19b. CONDITIONS CO	DITION FOR WHICH IT TO DESCRIPTION FOR WHICH IT TO DESCRIPTION FOR WHICH IT TO DESCRIPTION FOR INJURY OF INJURY REET, FACTORY, OFFICE, FACTO	OPERATIO OPERATIO Y YEAR 19 ARM, ETC.)	216 HOW INJURY OCCURRED 211 LOCATION STREET 211 LOCATION OF THE PROPERTY OF	200 AUTOPSY? YES NO RED (ENTER NATURE OF INAL	206. IF YES, IN CERTIFY YES JRY IN JIEM 18 PAI JOHN JOHN JOHN JOHN JOHN JOHN JOHN JOHN	WERE FINDING CAUSES TO TOR PART 2) COUNTY 9 , ond from the	NGS USED OF DEATH? NO STATE that (I) (we) los couses stated
	PART 2 OTHER SIGNIFICAN 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF I (IF EITHER, NOTIFY MEDICAL EXAMIN 21d. IN JURY OCCURRED WHILE AL WORK AL WORK 22a. I certify that (I) (this has sow the deceased alive obove, (I) (we) (did) (did) 27b. SIGNATURE	19b. CONDITIONS CO	DITION FOR WHICH IT TO DESCRIPTION FOR WHICH IT TO DESCRIPTION FOR WHICH IT TO DESCRIPTION FOR INJURY OF INJURY REET, FACTORY, OFFICE, FACTO	OPERATIO OPERATIO Y YEAR 19 ARM, ETC.)	216 HOW INJURY OCCURS 211 LOCATION STREET 211 LOCATION STREET 19 44 45 46 46 47 47 47 47 48 48 48 48 48 48 48 48 48 48 48 48 48	200 AUTOPSY? YES NO DED (ENTER NATURE OF INJURE) CITY OR TO MEDICAL STA DIRECTOR PHYSI	206. IF YES, IN CERTIFY YES JRY IN JIEM 18 PAI JOHN JOHN JOHN JOHN JOHN JOHN JOHN JOHN	WERE FINDING CAUSES COUNTY 9 ond from the	NGS USED OF DEATH? NO STATE that (I) (we) los couses stated

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNEFAL DIRECTOR: After this certificate has been signed by the ottending physician and co that the detached for use as the burial-transit permit. Then please remove corbon papers. Pages 1 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

MADDETANT: If them 21 is marked or them 18 shows any injury, or other traumatic event, the

24 FUNERAL DIRECTOR N
NAME
WALTER BROOKS BRADLEY, INC. DUNDALK, MD. 21222

250. DATE REC'D. BY REGISTRAR 25 DREGISTRAR'S SIGNATURE AND AUG. 8 1984

MARYLAND

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		100	10/25/1909		SILIN	SIM
			7		A. B. U	A.M. T.KIATI
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YMIMT)			NUMB	11:00		FRED
			.5	-3-3 13	II .W.W	

WARRED POORS READED, TO U. HERBARK, NO. 21282

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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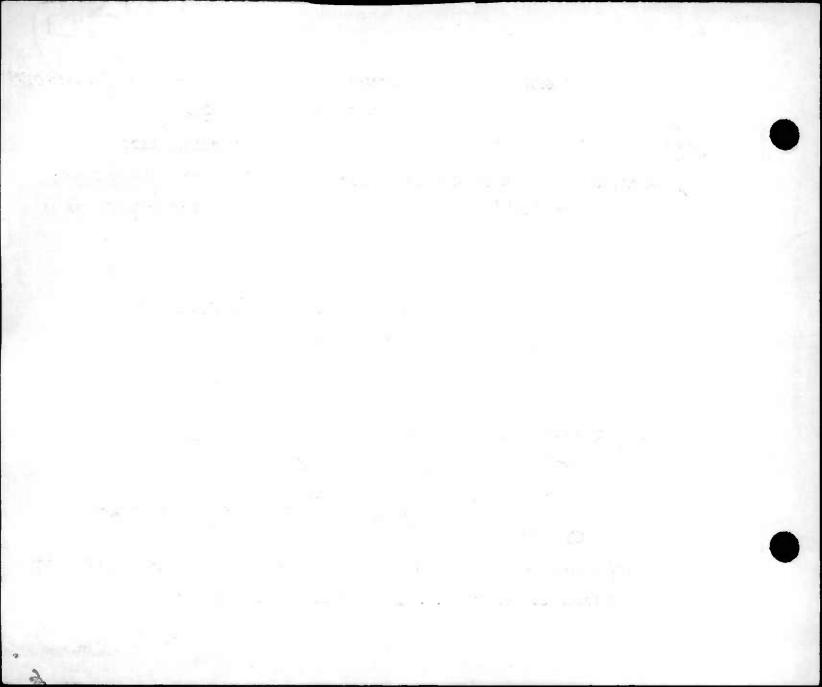
	REGISTRAR			CERTIF	ICATE OF DEATH	H	REG. NO			
Ì	1. DECEASED NAME FIRST (TYPE OR PRINT)	A	NOOLE	l	AST	2	a DATE OF DEATH	MONTH	OAY YEAR	2h HOUR
i	NORM	AN	S.	BOST	IAN		8	2	5 84	7:50 PM
١Ì	3. SEX	4 RACE		5. DATE C		3.	. AGE (IN YEARS LAST BIRT	HDAY)	IF UNDER TYEAR	IF UNDER 24 HRS
4	Male	White		Jul	y 11°, 189'8	3	86	YRS		
H	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF V	WHAT COUNTRY?	8 MARRIE	D NEVER MARRIE	PD 7	BALTIMORE CITY OF	COUNT	Y OF DEATH	
7	Maryland		5.A.	WIDOWE	DIVORCE	D 🔲	BALTIMORE		TY	MD
Á	BALTIMORE	(IF NOT IN SUCI	HOSPITAL, NURSING HEACILITY, GIVE STREET A	ODRESS)	OR OTHER INSTITUTION	I NC	70 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Ret. Body	WORKING L	IFE) INDUSTRY	of Business or
	USUAL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION NOTY	GIVE RESIDENCE BEFORE 134. CITY OR TOWN Finksbur	V	13d INSIDE CITY LIM	AITS?	3e STREET ADDRESS / 2600 Dee	ZIP COD r <i>Par</i>	k Rd	21048
	FATHER'S NAME FIRST ISAAC	MIDDLE	Bostian		15. MOTHER'S MAID FIRST	DEN NAME	Unknown		IA	ST
1	160 WAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECUI	RITY NO.	17 INFORMANT		ADDRE	SS		
	(YES NO OR UNKNOWN) IF YES, GIV	E WAN ON DATES!	214-16-	8225	Nancy Bo	ostia.	n Sa	ame	As 13e	
	18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA' Conditions, il any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OF	Metas RAS A CONSEQUE	NCE OF	c C-a	0}	Paucrea	, 5	RETWEEN	KWATE INTERVAL ONSET AND DEATH
2	PART 2 OTHER SIGNIFICANT (190 DATE OF OPERATION 190 DATE OF OPERATION 2 1984 210. ACCIDING WAS UNDERLYING	196 CONDI			N WAS PERFORMED	TE TERMIN	200 AUTOPSY? YES NO	20b. IF YE	ES, WERE FINDI	INGS USED
1	an court and the court of the	216. TIME O HOUR A.	FINJURY M. MONTH DA	Y YEAR	21c HOW INJURY C	OCCURRE	D (ENTER NATURE OF INJUR	Y IN ITEM 8	PART I OR PART 2)	
	GIF EITHER NOTIFY MEDICAL EXAMINES	21e PLACE (OF INJURY	ARM ETC)	211 LOCATION	-	CITY OF IOV	VN	COUNTY	STATE
	27a I certify that (I) (this hasp saw the deceased alive an above, (I) (we) (did) (did no	Aug !	25 19 6			opinion de	ath occurred an the da	te and ha	ur and from the	
	Michael	g. m	1- Hugh			DING CIAN []	MEDICAL STAF		8/2	5/84
	27d. PHYSICIAN'S NAME (TYPE O						IAL HOSPIT	AL		
	230 BURIAL, CREMATION, REMOVAL (SPECIFY)			IAME OF C	EMETERY OR CREMA	ATORY	234 LOCATION CITY OF TOWN		COUNTY	STATE
	/Burial	8/24/	84 Ha	ughs	Church Ce	m	Ladiesby REC'D BY REGISTRAR	-0	Carroll	Md.
	24 FUNERAL DIRECTOR		AOORESS			750 DATE	KEC'D BY REGISTRAR	1 11	TRAR'S SIGNA	2.1
Į	Leonard J Ruck	Inc. Bal	ltimore,	Marul	and	AUG	2 7 1984	3.30%	1. 41 A Cat 328 A. 8	1-16-

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR

IMPORTANT: If Item 21 is

should be detached for use as the burial-transit permit. Then please remove carbon popel with the State Dept of Health and Mental Hygiene prior ta burial, cremotion, or removal. 00



STATE OF MARYLAND

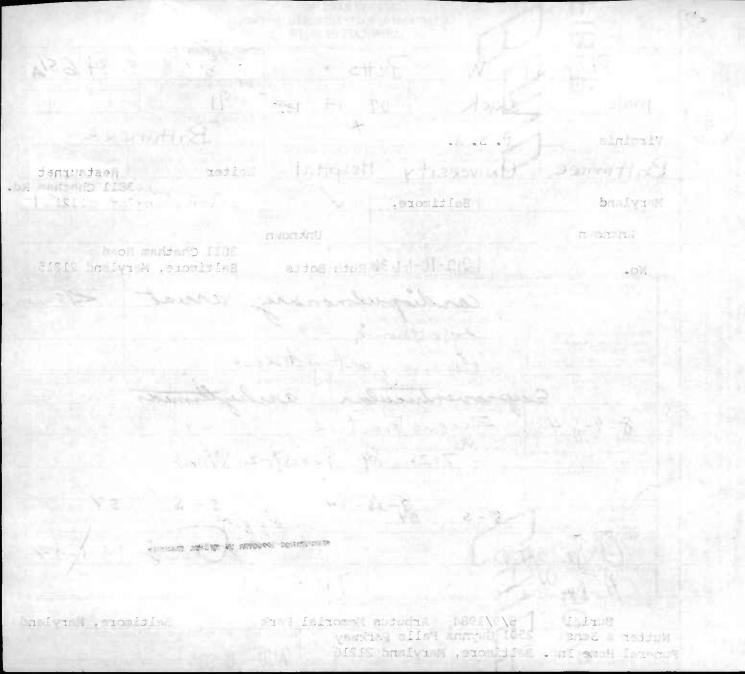
DEPARTMENT OF HEALTH AND MENTAL HYGIENES
CERTIFICATE OF DEATH

- 1	1. DEC	CEASED NAME	FIRST	MID	DIE	-	AST		Plo DATE OF DEAT		DAY YEAR	, 2b. HO	UR
-	(TYPE	ORPRINT) Ray	mond	M	1	Bo	Hs		3.	8	5 84	1.65	AM
- 1	3. SEX	x	4 RA	CE		5. DATE C	OF BIRTH		6 ME (INYEARS LA	ST BIRTHDAY)	IF UNDER 1 YE		R 24 HRS
×		male		Black		MONTH	PAY 1	1893	91	YRS	MONTHS DA	YS HOURS	MIN.
Δi		RTHPLACE (STATE OR FO	DREIGN 7b. C	-	HAT COUNTRY?	8	C71		9. BALTIMORE CI		Y OF DEATH		
ZI		COUNTRY)		11 6		WIDOWE	D NEVER N	ORCED	+	Rittin	noR-	2	MD.
/		/irginia ITY OR TOWN OF DEA	rH 11.	U. S.	SPITAL, NURSIN	NG HOME C			120. USUAL OCCU	PATION	12b. KIN	D OF BUSIN	
1	P	3. Hima		1 1 .	CRS T	ADDRESS)	Hospat	al	Waiter	OST OF WORKING I		taurn	
	USUA	AL RESIDENCE HE NURSH	G HOME OR OTHER	INSTITUTION, GI	E RESIDENCE BEFOR			- 4 1	13e.STREET ADDR				
2		Maryland	COUNTY		Baltimo		YES TO	NO 🗆	Baltimo	ne. Mar	vland	2121	5
7.4		THER'S NAME					15. MOTHER'S	MAIDEN NA	ME		7 = 0 = 1		
n		Unknown	MIDDU		LAST			^{FIRST} Inknown	MIDE	PEE.		LAST	
7		VAS DECEASED EVER I			b SOCIAL SECU	JRITY NO.	17 INFORMA			hatham	Road		
	(1	YES, NO OR UNKNOWN)	(IF YES, GIVE WAR	OR DATES)	212-10-	10636	Ruth B	otts		more, M		d 212	15
-		NO. 18 CAUSE OF DEATH	(Enter only on	couse per lin	7.70		Indu. D	-				POXIMATE INTE	
1		PART I. DEATH WA	AS CAUSED BY		10 11.	-	· On	2011	do	rest	- BC 1 44	215	22/4
		9147	MMEDIATE CA		man	7		1	7	0-,			-2004
	>	0///		DUE TO, OR A	SA CONSEOU	1.4	2	0					
		Canditions, if any, gave rise to imm	ediate	(b)	1		- A						
		couse (a), stating underlying cause	last.	DUE TO, OR A	SHOONSTOU	ENCE OF	~ Her	y dize	ais				
		PART 2. OTHER SIGN	IEIC ANT CONI	(c)	TPIRITING TO	DEATHBUT	NOT PELATED	THE TERM	INAL DISEASE OF	CONDITION G	IVEN IN PAPI	lin	===
	NO.	TAKI 2. OTTEK STOTE	C ,	1010	- 2 - T		2	0 110	· lint	med	-	ma fra	cture
7	AT	1% DATE OF OPERAT	ION I	CONDITIO	ON FOR WHICH	OPERATIO	N WAS PERFO	RMED	No SUTCHSY?	206. IF Y	LS, WERE FIN	IDINGS USE	D
7	CERTIFICAT	8-4-1	24	2	490ma	Fro	eture	2	YES NO		IFYING CAU	NO	THI?
1	CER	21a. ACCREME WAS UND		HOUR A.M.		AY TEAM	21c HOW IN	JURY OCCUR	RED COMPTAINED	PERSONAL PROPERTY.	PART LOFFIRE	20	LO TO
2	AL	OR CONTRIBUTING C	MUNICOSTATION I	P.M.	7-2	£ 18	4 10	der	Tan In	ick			
	MEDICAL	214. INJURY OCCURR		He PLACE OF	INJURY LEACTON GRACE		711 LOCATIO	164	£ (TY	OR TOWN	EDUNTY		STATE
-	2	MINES IN NOT WHE	×	0.74	reet	00	Libert	y Rd.,	Balto. C	oMa.			
>		27s.1 certify that (1)	this hospital) c	ittended the i	deceased from	W-2	8-84	19	10_5-	2	19 5 9	that (it i	tesi (we)
2		saw the decoore obove, ill [wei (d	d alive on	w the body of	ter death.	54	nd that in (my)	(out) tipin fol	death formed and	he date and he	or and from	the couses of	loted
7		THE SIGNATURE	-				DEGREE	nricunos de			27s. D/	ATE SIGNED	
		(2X)	2421	70			(3	HYSISIAN [DIRECTOR	H'SICIAN L	10	2-9	4
		274 PHYSICIAN'S NA	ME LYPY OF PRIN	71			11x ADDRES	- 10		a American		100	
		# 1	au zvV	ST			1 1 14	HI	87				
	23a. B	BURIAL, CREMATION, I		b. DATE	23с.	NAME OF C	EMETERY OR C	REMATORY	23d LOCATION		COUNTY		STATE
		(SPECIFY) Buria	1	8/9/19			Memori	al Par			imore.		
	24N1	LIVE THE PIREETOSOT	s 2	01 Gwy	mns Fal				E REC'D. BY REGIST				
	Fui	neral Home	Inc. Ba	altimor	ce, Mary	land	21216	All	G 6.400	E 80.	P. 1	90 0	00

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR

FOR STATE REGISTRAR



BP. DHMH - 1 (VR A15 ME

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - S	TATE EGISTRAR		MEDICAL EXA	MINER'S CERTIFICATE O	F DEATH REG. NO.	
	EASED NAME	FIRST	WIDDLE	LAST	20. DATE KNOWN MONT	H DAY YEAR 26 HOUR
		Gloria		Bowman	OF ESTI- DEATH MATEDXXX 8-	-13 1984
3 SEX	male	A MO	ONTH DAY YEAR LAST	E (INYEARS IF UNDER 1 YR. IF UNDER BRITHDAY) MONTHS DAYS HOURS	MIN PRONOUNCED	-13 19 84 24 HOU
3	THPLACE THAT	my "	CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRI WIDOWED DIVORCI		
	y or town of altimore		IF NOT IN SUCH FACILITY, GIVE STREET AD	home, or other institution lake Dr., Apt. 12-E	12a USUAL OCCUPATION (TYPE OF WORL	K 12b. KIND OF BUSINESS OR INDUSTRY
USUAI 13g, ST			ER INSTITUTION, GIVE RESIDENCE BEFORE		13 STREET ADORESS / 2/ Par	PAREDE
14. FA	HER'S NAME	PIIS	Jones	SRI OTHER'S MAIDE	N NAME MIDDLE COT	Than
160 W (YE	AS DECEASED EN	(IF YES, GIVE WAR O	FORCES? JORDATES) 16b. SOCIAL SE 2/7-29	G-4019 Mrs Le	ADDRESS ONES 6261	vilduor of Para
			e cause per line far (a), (b), and (11	APPROXIMATE INTERV. BETWEEN ONSET AND DEATH
	PARTIDEAT	I WAS CAUSED BY:	HUMARTANCI	ve Cardiovascular	Disease	
			DUE TO, OR AS A CONSEQU	ENCE OF		
		if any, which to immediate	(b)			
	cause (a) sto lying cause l	ting the <u>under</u> ost.	DUE TO, OR AS A CONSEQUE	ENCE OF		
18	PART 2 DTHER SIGNIF	ICANT CONDITIONS CONTR	IBUTING TO DEATH BUT NOT RELATED TO 1	THE TERMINAL DISEASE OR CONDITION GIVEN IN PAI	RT 1 (a).	
NO			Diabetes N	Mellitus		
18	19a. DATE OF OP	ERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED?		20 AUTOPSY?
F	-4	}				YES NO X
2 0	210 EXTERNAL C UNDERLYING CONTRIBUTING		21b. TIME OF INJURY HOUR A.M. MONTH DAY H P.M.		D (ENTER NATURE OF INJURY IN ITEM 18 PART I OR	PART 2)
MEDICAL	WHILE AT WORK	URRED IOT WHILE T T WORK	21e PLACE OF INJURY (ATH STREET, FACTORY, FARM, ETC.)	OME. 211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
		//	the remains discribed obave, hel			opinion
	death resulted	rom: Noturol co	ouses XX	Sucide, Hamicide	Undetermined manner,	
	ACTUAL SIGNATURE	llun	is they's	A Muldon Assistant	MEDICAL EXAMINER SIG	8-13-84
	EXAMINER'S NA (TYPE OR PRINT)	Dennis	F. Smyth, M.D.		Penn St., Balto.,	Md. 21201
1	Suria	N, REMOVAL 23h D	-17-84 m	T Zión Cem.	LANSOKWKE	Mild.
24. 16	NERAL DIRECTO	10	ADDRESS	ALICA ALICA	REC'D. BY REGISTRAR 256 REGISTRAR	SSIGNATURE

ALCOHOLOGICAL AND CONTRACTOR

10 FUNERAL DIRECTOR. After this certificate has been signed by the ottending physicion and campletely should be detached for use as the buriol-transit permit. Then please remove carbonpapers. Pages 1 and 2 shwith the State Dept. of Health and Mental Hygiene priar to buriol, cremation, or removal.

offending physicion

retained by the hospital or

BP. DHMH - 16 50M 4/83

(VRA 15, 4)

tem 18 shows any injury, ar other traumatic event, the

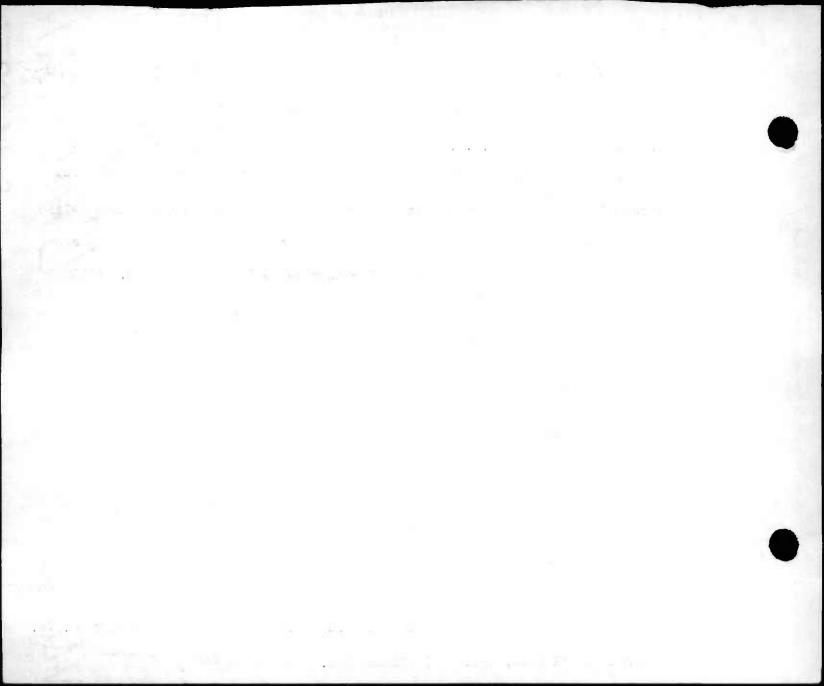
IMPORTANT: If them 21 is marked or

poge 3 er deoth

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN 5

1		REGISTRAR		CERTIF	ICATE OF D	CAIN	REG. NO	5.		
Ì		CEASED NAME IRST	WIDDIE	(,	AST		20 DATE OF DEATH	MONTH DAY	YEAR 2b	HOUR-2
1	(TYPE	OR PRINT) ETHEI	WILDA	BC	YCE	Ì	8-6-6	31	1	LOAM
Ì	3. SEX	(4 RACE	5 DATE O			6 AGE (IN YEARS LAST BIR	THDAY) IF U		UNDER 24 HRS DURS MIN.
1	1	Female	White	MONTH 3	$2\tilde{2}$	1889	95	YRS.	THS DATS HO	JURS MIN.
1	7 _H . BIR	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTS	RY? 8	D NEVER M	ARRIED T	BALTIMORE CITY O	R COUNTY OF	DEATH	
4	W	. Virginia	U.S.A.	WIDOWE	D DN	ORCED 🗌	RIEL	Chy		MD.
4	R CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR	RSING HOME O	R OTHER INST	TUTION	12a USUAL OCCUPATI (1YPE OF WORK FOR MOST O Homemake)	F WORKING LIFE)	KIND OF BU	USINESS OR
		AL RESIDENCE (IF NURSING HOAR) TATE 13b. COUN aryland	OTHER INSTITUTION, GIVE RESIDENCE BE NTY 13c. CITY OR TO Baltimo		13d. INSIDE CI	TY LIMITS?	13e.STREET ADDRESS /		enue 2	1230
	14 FA	THER'S NAME FIRST Ben	MIDDLE Spri	ng		maiden nam	AE MIDDEE		Shav	wn
1		VAS DECEASEL EVER IN U.S. AR			17 INFORMAL	٩T	ADDRE	.SS		
١	(1	NO NO OK ONKNOWN)	236-03	3-9278	Hele:	n Boyce	1907 Letit	ia Ave		_
		PART I. DE ATH WAS CAUSE	DBY: DETO, OR AS A CONSE	OPULM OUENCE OF 10 CC LE		C	ARDIOVAS	CULAR	APPROXIMATI BETWEEN ONSE	
	TION		CONDITIONS CONTRIBUTING							
	CERTIFICATION	190 DATE OF OPERATION N	196 CONDITION FOR WH	ICH OPERATIO	N WAS PERFOI	RMED	200 AUTOPSY?		VERE FINDINGS IG CAUSES OF	
	MEDICAL CE	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH	DAY YEAR			ED (ENTER NATURE OF INJU	RY IN ITEM 18 PART	I OR PART 2)	
	MEDI	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET FACTORY OFFI	KE FARM EU)	211 LOCATIO STREET	N	A. CITY OR TO	WN	COUNTY	STATE
		sow the deceased alive an	attended the deceased from	0.1	nd that in (my)	our) opinian d	leath occurred an the d	nte and have an		t (l) (we) lost uses stated
1		226 SIGNATURE Suy A	zulla		DEGREE A F	TTENDING HYSICIAN	MEDICAL STA	FF CIAN D	22c. DATE AIG	Py.
		5URJIT	JULKA		1	on M	ANOR	aur	5129	Home
		BURIAL, CREMATION, REMOVAL SPECIFY) Burial		Mt. Ple			23d. LOCATION CITY OF TOWN	Т	ylor W	. Va.
	24 E1	DUL'1A1 UNERAL DIRECTOR	0/3/04				REC'D BY REGISTRAR			
		NAME	Jomes Tue /107		L229	AUG	REC'D. BY REGISTRAR	wa Davi	dson-Man	and !
-1	пu	bbard Funeral H	iome, inc. 410/	wilker	is Ave.	NO	J U NUT			



ttending physician and campletely filled in by the funeral director, ve carbanpapers. Pages 1 and 2 shauld be filed within 72 hours aft

24 FUNERAL DIRECTOR

Wm C March F/H Inc.

executed within 24 hours ofter

STATE OF MARYLAND

1	1	1	3	1
2	- 5	3	0.3	

250. DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE

ALL

O 1021 June Davidson-Handelle

AUG

2	1	FOR - STATE			DEPAR	MENT OF	TE OF MARYLAND HEALTH AND MENTA	h h	4	2 1		5 /
	1 DF	REGISTRAR CEASED NAME	FIRST		MIDDLE		FICATE OF DEATH		REG. NO	ONTH	DAY YEAR	12b HOUR
		E OR PRINT)					7	100				18 HOOK
	3. SE		nne	4. RACE		Bo	ya Of Birth	6 AC	August SE (IN YEARS LAST BIRTH		984 IF UNDER 1 YEAR	IF UNDER 24 HRS
	3. JL					MONT	H DAY YEAR	R			MONTHS DAYS	HOURS MIN.
	7n B	Female IRTHPLACE / STATE ORF	ORLIEN		ack WHAT COUNTRY	2 8	12 11		73	YRS.	OFDEATH	
STA A	7 d. D	COUNTRY)				MARRIE	D NEVER MARRIED	רם				
5/0	10.0	V. Caroli		U.S.		WIDOW	EDX DIVORCED OR OTHER INSTITUTION		LTIMORE USUAL OCCUPATIO			MD. OF BUSINESS OR
oo age		ALTIMORE	ATT)	(IF NOT IN SUC	H FACILITY, GIVE STREE	ET ADDRESS)	St. Apt.3	(TYPE	OF WORK FOR MOST OF			DE BUSINESS OK
35	13a.	ALRESIDENCE (IF NURS STATE Aryland	NG HOME O		GIVE RESIDENCE BEFOR 13c. CITY OR TON Baltin	WN	13d. INSIDE CITY LIMI		TREET ADDRESS	rato	21: ga St	201 .Apt.309
iner		ATHER'S NAME					15. MOTHER'S MAIDE			Laco		
\$00	1	Willie		MIDDLE	Tysor	1	FIRST	_	MIDDLE		LAS	31
lcol		WAS DECEASED EVER			166 SOCIAL SEC		17. INFORMANT		ADDRES	S	Apt	. 3
med /		(YES, NO OR UNKNOWN) Jnknown	(IF YES, GI	VE WAR OR DATES)	N/A		Alonzo B	rown	1731 E	Fa		nt Ave.
er traumatic even		Conditions, if ony, gave rise to imm couse (0), statin	which	DUE TO, O	RAS A CONSEON	vence of lesot	in Cardio	resec	Nav Dis	cass		
aws any injury, ar ather tra	CERTIFICATION	PART 2. OTHER SIGN KONSTAND 190. DATE OF OPERAT	IIFICANT #	CONDITIONS CO	ontributing to	DEATH BU	NOT RELATED TO THE	eral 1	leuropa	fly 20b. IFYES	, WERE FINDI	NGS USED
Hem 18 sh	MEDICAL CER	21a. ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRI	AUSE OF DE	R) P.	m, month (m,	DAY YEAR	21c. HOW INJURY OF	CCURRED (ENTER NATURE OF INJURY	IN ITEM 18 P	ART 1 OR PART 2)	
morked or he	WE	WHILE NOT WH	ILE 🗀	21e. PLACE (AT HOME, STE	CEET, FACTORY, OFFICE	, FARM, ETC)	STREET	.00	CITY OR TOW	N	COUNTY	STATE
· S				otol) attended the otol) view the body		1.11	nd that in (my) (our) op	pinion death	occurred on the dot	e and hour	r and Irom the	
NT: # Rem 2		22b. SIGNATURE	25	Tah	hu	(y)		ING ME	DICAL STAFF ECTOR PHYSICIA	AN 🗌	22c. DATE	SIGNED
MPORTANT		22d. BHYSICIAN'S NA	E /	_	M.D.		600 LI	GHT	ST. BA	J. A	4D. 2	1230
≤	23a. (BURIAL, CREMATION, BURIAL	REMOVAI	23b. DATE 8/13			CEMETERY OR CREMATE		CITY OF TOWN Baltimor	e,	COUNTY	STATE Md.

1101 E North Avenue

DHMH-16 30M 2/80 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician should be detached for use as the burial-transit permit. Then please remove carban page with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal

attending physicial

TO HOSPITAL OR ATTENDING PHYSICIAN: retained by the haspital or attending physician and the property of the property of the physician of the physician physi

		- m			STAT	E OF MARYL	AND				
1	1 -	FOR STATE REGISTRAR		DEPART		FICATE OF I		GIENE REG. 1	10.2	1 1	3
777		CEASED NAME FIRST		MIDDLE		LAST		2a. DATE OF DEATH	MONTH	DAY YEAR	26. HOUR
-	(TITE	Mars Mars	garet	Gaither	В	oyle		I I	Aug.	14 1984	1:30 PM
1	3. SE		4. RACE			OF BIRTH		6. AGE IN YEARS LAST B	RTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
A J		Female	Whit	e	July		1895	89	YRS		HOURS MIN.
1		RTHPLACE (STATE OR FOREIGN	76. CITIZEN C	OF WHAT COUNTRY?	8	D NEVER		9 BALTIMORE CITY			
34		laryland	USA		WIDOW	ED P NEVER	VORCED	Baltimo	e Ci	tv	MD.
0	10. CI	TY OR TOWN OF DEATH	11. NAME C	OF HOSPITAL, NURSII	NG HOME	OR OTHER INS	TITUTION	12a USUAL OCCUPA	TION	12b. KIND OF	BUSINESS OR
0/0	В	altimore	Long	Green Nu	irsing	Home		Homemal		- INDUSTRI	
0	USU/	L RESIDENCE (IF NURSING HO	ME OR OTHER INSTITUTE	ON, GIVE RESIDENCE BEFOR		113d INSIDE C	ITY HAAITS?	13e STREET ADDRESS	/ 7IP CC)DE	
RS		aryland	=	Baltimo		YES 😓	NO [115 E. M			21212
June June June June June June June June		THER'S NAME	MIDDLE	LAST		15. MOTHER	S MAIDEN NA	ME			
200			Brooke	Boyle	9	Em	ma	WIDDLE		Gait	her
_	160 V	AS DECEASED EVER IN U.S	ARMED FORCES		JRITY NO.	17. INFORMA	INT	ADDI	RESS		
medico		(F YE	S. GIVE WAR OR DATES	215-05	-9798	A Joh:	n B. B	oyle, 2003	Pine	e Pep Rd	.,21136
event, the			er only one cause i	per line for (a), (b), a	nd (c	1 0		,,,,,			NATE INTERVAL
		18 CAUSE OF DEATH (Ent. PART I. DEATH WAS CA	USED BY	Cardio-	nulma	ona.rv f	ailure			l d	
		IMME				JII Y I	arrar c				
		Conditions, if any, which		Pneumo						3 d	avs
or other troumotic		gave rise to immediat cause (a), stating th	e								
0		underlying couse los	I DUE IO.	ASCD	ENCE OF					10 y	e2 rs
		PART 2 OTHER SIGNIFICA			DEATH BU	NOT RELATED	TO THE TERM	AINAL DISEASE OR COI	VDITION (CWID
njory,	NO O			11227							
à Z	CERTIFICATION	190 DATE OF OPERATION	196 CON	NDITION FOR WHICH	OPERATIO	N WAS PERFO	RMED	20a AUTOPSY?		YES, WERE FINDING	
Swows 7	THE THE							YES NO	II 4 CEK	YES [NO [
200	E E	21a. ACCIDENT WAS UNDERLYIN		OF INJURY A.M. MONTH D	AV VEAD	21c HOW IN	JURY OCCUR	RED (ENTER NATURE OF IN	URY IN ITEM !	18 PART 1 OR PART 2)	
4	¥	OR CONTRIBUTING CAUSE O	FUEATH	P.M.	19						
ō	MEDICAL	21d. INJURY OCCURRED	21e PLAG	CE OF INJURY		211 LOCATE	NC	CITY OR I	OWN	COUNTY	STATE
	Σ	WHILE NOT WHILE AT WORK] (AT HOME	STREET, PACTORY, OFFICE,	FARM, EIC J	3,110	. 0.	- 0		-10	
1		220.1 certify that (1) (this h	naspital) attended	the deceased from.			_ 19 / /	Dio aux	14		not (I) last
S .		saw the deceased aliv above, (I) (westerd) (d	e on	ndy ofter death	87.0	nd that in (my)	opinion	death occurred an	toke and h	hour and from the c	ouses stated
		226. SIGNATURE	n	oy one acom		DEGREE				22c. DATE S	IGNED
t		haran	Ktoo	00-00	A	MD.	ATTENDING PHYSICIAN [MEDICAL ST. □ DIRECTOR □ PHYS	AFF ICIAN 🗆	Aug	. 14, 19
Z		224 PHYSICIAN'S NAME (TYPE OR PRINT)	que en	1	22e ADDRES					
MrOk A		Norman R.	Freem	an. M.D.	V	4300	N. C	harles St.			
₹ #	23a E	URIAL, CREMATION, REMO			NAME OF	CEMETERY OR	CREMATORY	234 LOCATION			
1	1	Cremation/	8/15	5/84 W	estvi	ew Cre	mator	y Catonsy	ille	Balto.	Md.
·83		WERAL DIRECTOR	Emme				AUG	1214 1518	AN EN	PHAR'S STOVAL	IR .
0.3	J.	E. Lowell L	emmon.	10 W. P	adoni	a Rd.	-	- 1225		1000	-
-	-	/							1000	y	

ASSESSMENT OF THE PARTY OF THE				
Bull Mark Market		attack 2	102715	
	12751		05/21/5	
11.0 3.16 0.2 L				Lings of the
26.14 (13.20.5)		21 12 10 10 1		3.2
llis 2. McLemenara, 2121		agemitted.	eromitle	Large shand
coding	Same		u Reon E	J. most
oyle, 2009 wing Fee Ma, 211				
1 (4) E		nai up-ojivraji		
ESVAS E		al actions		
STANATE STANAS		TATE OF THE PARTY		

DHMH - 17 (VR A15 ME (5) 20M 4/82

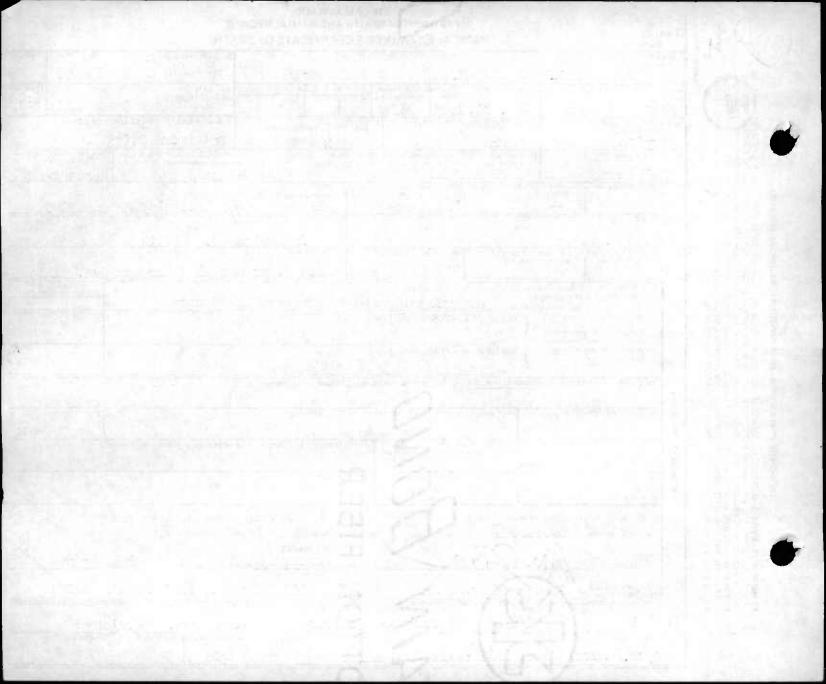
FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

2	2	7
6.0	-	-
REG. NO.		

	EASEDNAME	FIRST		WIDDLE			LAST			20. DATE KNOW	N X WON	TH DAY	YEAR	26 HOUR
(TYPE	OR PRINT]	MARY		М.		B	RADFC	RD		OF ESTI-		6	1984	~
3 SEX		4. RACE	5. DATE OF BIRTH	6.	AGE (IN YEA			IF UNDER		2c. DATE	MÖNİ	H DAY	YEAR	2d HOUR
Ma	le	white	Dec. 31,	1921	62 YR	1010277777	S DAYS	HOURS	MIM	PRONOUNCED DEAD	8	6	1984	9:04
	THPLACE (ST	ATE OR	76 CITIZEN OF WH.	AT COUNTR		R	ED NE	VER MARR	IED 🗆	9. BALTIMORE C	TY OR COU	INTY OF	DEATH	
	ryland		USA			WIDOW		DIVORC		Baltimo	re Cit	y		MD
	Y OR TOWN	OF DEATH	11. NAME OF HOSP			, OR OTH	ER INSTITU	TION		UAL OCCUPATION		12b K	IND OF BU	JSINESS
Ba	altimo:	re	5603 Ma			2.				MOST OF WORKING LIFE)		staur	
USUAL 13a. STA		IF IN NURSING HOME O	R OTHER INSTITUTION, GIVE TY	136. CITY O Balti	RTOWN	DN)	13d INSIDE	ITY LIMITS?	13e. STR	REET ADDRESS 03 Mattfe	eldt A			
14 FA1	HER'S NAME		WIDDLE	LAS	CT		15 MOTH	ER'S MAID	EN NAMI	E MIDDLE			LAST	
Ge		. Baker	MIDOLL		31			Cathe	rine		lis			
16a. W.		EVER IN U.S. ARA	MED FORCES?	166. SOCIA	L SECURITY	NO.	17. INFOR	MANT		ADD	RESS			
No	, 110, 01 014110	(W TES, OIVE	MAR OR DATES)	217 1	L6 627	19	Mar	y F.	Bran	dt 2510 F	lermos	a Ave	e. 21	214
	gave ris cause (a) lying cau	is, if any, which e to immediate stating the <u>under</u> - se last.	CONTRIBUTING TO DEATH BY	as a conse , as a conse	eouence c	OF OF				disease				
N.	19a. DATE OF	OPERATION	196 CONDITI	ON FOR WI	HICH OPER	ATION W	AS PERFOR	RMED?				20	AUTOPSY	2
CERTIFICATION						ALE							YES 🗌	NO 🔀
DICAL	UNDERLYING CONTRIBUTII	VG CAUSE OF E	?le PLACE O	MONTH D	19 (AT HOME,	2 If LOG	CATION TREET		5	CITY OR TOWN	-	COUNTY	-	STATE
	death results SIGNATURE EXAMINER'S (TYPE OR PRII	NAME AFT	M. Dixon	Accident [, Sur		Homi TITLE (S D. ASS	sistar 111 E	unde nt MEC Penn	Inquiry	0.0	TE 8	21201	7.
Bui	rial	TION, REMOVAL 2	8/9/84		ME OF CEN			у	Ba	altimore,	Mary	ylanc	i	TATE
	NERAL DIREC		ADDRESS		77				REC'D. B	Y REGISTRAR 256				
Bu	rgee Fu	meral Ho	me. 3631 I	ริลไไร	Road	21211		AUG	1	1984	u xuid	3011-110	marie	



OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 hours after death. Page 4 may be

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral dishould be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filed within 72 hawith the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar remayal.
IMPORTANT: If them 21 is marked at them 18 shows any injury, ar other traumatic event, the medical Magine (myst befaultied at time).

N	1-	FOR STATE REGISTRAR	
1	The	ORPRINT) Obez	Hie "
)	3. SE	Female	4 RACE B1a
83	Vi	RTHPLACE ISTATE OR FOREIGN COUNTRY) rginia	U.S.
ust be netified of	1	TY OR TOWN OF DEATH Baltinore AL RESIDENCE (IF NURSING HOME	11. NAME OF H
\$5	13a S M &	TATE 136 COL	UNTY
30	19. FA	Harry	WIDDLE
e medical		VAS DECEASED EVER IN U.S. A (ES. NO OR UNKNOWN) (IF YES. C	ARMED FORCES? GIVE WAR OR DATES)
event, th		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAUS IMMEDI	only one couse per SED BY: ATE CAUSE (o)
njury, or ather traumatic event, the medica		Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR (b) DUE TO, OR (c)
injury,	NOI	PART 2 OTHER SIGNIFICANT	ral U

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

6

REGISTRAR			REG. NO.	
1. DECEASED NAME FIRS		LAST	20 DATE OF DEATH MONTH	DAY YEAR 26. HOUR
060	Hie BRA	anch	8	25 84 5:5MM
3. SEX	4 RACE 5. DA	ATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
Female	Black	1 22 18	66	MONTHS DAYS HOURS MIN.
70. BIRTHPLACE (STATE OF FOREIGH		RRIED NEVER MARRIED	9 BALTIMORE CITY OR COL	UNTY OF DEATH
Virginia		OWED DIVORCED T	Baltim	ORE CITY. MD.
Baltimor	11. NAME OF HOSPITAL, NURSING HOM (INNOT IN SUCH FACILITY, GIVE STREET ADDRESS PROVIDENT	Haspital	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK	ING LIFE) 126 KIND OF BUSINESS OR INDUSTRY
	ME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISS	1134 INSIDE CITY LIMITS?	13e STREET ADDRESS	Apt.11I 21217
Maryland	Baltimore			Park Lake Drive
14. FATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN NA	ME	LAST
Harry	Williams	Annie	WIDDLE	Hollaway
160 WAS DECEASED EVER IN U.	S. ARMED FORCES? 166 SOCIAL SECURITY N		ADDRESS	Apt.11 I
(YES NO OR UNKNOWN) (IF YI	ES, GIVE WAR OR DATES)	7 Laura Blan	d 727 Druid	Park Lake Drive
	er only one cause per line for (o/A(b), and (c),	A DIAM	d /2/ Diaid	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CA	AUSED BY: Cleration nu	emency as	nest	BETWEEN ONSET AND DEATH
IMM	EDIATE CAUSE (o)			
	DUE TO, OR AS A CONSEQUENCE C	F / Made	wureula	Diver
Conditions, if any, which				0,100
cause (a), stating the	DUE TO, OR AS A CONSEQUENCE O	anhythn	nev	
PART 2 OTHER SIGNIFICA	ANT CONDITIONS CONTRIBUTING TO DEATH		AINAL SISEASE OR CONDITION	NI GIVEN IN DART 1:-
	bral marculu	· acceptor	THE ASE OF CONDITION	A GIVEN IN PART TIO
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYIN	196 CONDITION FOR WHICH OPERA	ATION WAS PERFORMED	200 AUTOPSY? 20b.	IF YES, WERE FINDINGS USED
FIC			INC	ERTIFYING CAUSES OF DEATH?
210. ACCIDENT WAS UNDERLYIN	G 21b TIME OF INJURY	21r HOW INTURY OCCUR	RED (ENTER NATURE OF INJURY IN ITE	YES NO
OR CONTRIBUTING CAUSE		AR THE HOW HAJORT OCCOR	KED (ENIER NATURE OF INJURY IN THE	M IS PART I OR PART 2)
IF EITHER NOTIFY MEDICAL EXA		19		
OR CONTRIBUTING CAUSE OF CHIEF MEDICAL EXA	210. PLACE OF INJURY [AT HOME STREET FACTORY, OFFICE FARM, ETC.	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
WHILE NOT WHILE AT WORK				- 601
22a I certify that (1) (this	hospital) attended the deceased from Mis	my 6 19 8	X, to Aug I:	, 19, that (II (we) lost
sow the deceased alix	re on 25 19 84	ond that in (my) (our) opinion	death accurred on the date and	d haur and from the causes stated
22b. SIGNATURE	d for view the body offer deom.	DEGREE		22c DATE SIGNED
France	un fleddlson, m	ATTENDING	DIRECTOR DHYSICIAN	V0/25/8cl
22d. PHYSICIAN'S NAME (TYPE OR PRINT	22e ADDRESS	DIRECTOR PHISICIAN	3/25/07
Exantelin	J. Addyon mi	1/2/1	hook llad	- 4.
00 000000) L600 L1	wery 1794	3. //re.
230. BURIAL, CREMATION, REMO		OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY
DUKTAL	8/30/84 Moun	it Auburn Cem	. Baltimore	Md.

BP.

retained by the haspital ar attending physician

TO HOSPITAL

DHMH - 16 50M 1/81 (VRA 15, 4)

24 FUNERAL DIRECTOR Wm C March F/H Inc. 1101 E North Avenue

REGISTRAR 256 PEGISTRAR'S SIGNATURE

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1 -	FOR STATE REGIS
	E ASED

the funeral director, page 3 d within 72 hours after death

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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dia.	2			

1	REGISTRAR		CERTII	FICATE OF DEATH	REG. N	D.		
	ECE ASED NAME FIR	Α .	MIDDLE	'AST		MONTH DA	Y YEAR	26 HOUR
	4	ANaelin		Forte	08-05	-89		4 TAM
3. S		4. RACE	14.001	OF BIRTH	6. AGE (IN YEARS LAST BIR	_	UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
1	ferrale	whit	2 01	a0 07	1 1.1	YRS.		
7o. 8	SIRTHPLACE (STATE OR FOREIG	76 CITIZEN OF	WHAT COUNTRY?	D NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY O	FDEATH	
4	Maryland		USA WIDOW		Baltimore	City		MD.
10. 0	ITY OR TOWN OF DEATH		HOSPITAL, NURSING HOME		120 USUAL OCCUPATI			F BUSINESS OR
	Baltimore	Francis		BAUTMONE City	Seamstres:		Modern	Co
13a		OME OR OTHER INSTITUTION, COUNTY	GIVE RESIDENCE BEFORE ADMISSION) 13c. CITY OR TOWN Baltimore	13d. INSIDE CITY LIMITS? YES MO	13 STREET ADDRESS 7004 Gough	Stree	t 21	224
14. F	ATHER'S NAME	WIDDLE	EAST	15. MOTHER'S MAIDEN NA			LAST	
4	F		Serio	Josep	hine		(43)	?
160	WAS DECEASED EVER IN U	.S. ARMED FORCES?	166. SOCIAL SECURITY NO.	17 INFORMANT	ADDRE			9601
	no no or order own)	TES. GIVE WAR OR DATES	216 34-9688	Betty Wagne	r 230 Mercer	St.Re	ading	Pa
	18. CAUSE OF DEATH (Er	nter only one couse per					APPROXI	MATE INTERVAL
1	PART I. DEATH WAS		Candiac	arrest				
	194/14							
	Conditions, if any, wh		RAS A CONSEQUENCE OF	INFARCTIO	Ñ			
	gove rise to immedia	ote		710 (1100 (10	, ,			
		bust. DUE TO, O	AS A CONSEQUENCE OF					
	PART 2 OTHER SIGNIEIC	(c)	ONTRIBUTING TO DEATH BUT	I NIOT BELATED TO THE TERA	AINIAI DISEASE OB CON	DITION CIVEN	LINEDADT L	
Z	PART 2. OTTER SIGNIFIC	ANT CONDITIONS CO	NIKIBOTING TO DEATH BUT	I NOT RELATED TO THE TERM	MINAL DISEASE OR CON	DITION GIVEN	IN PART HO	
CERTIFICATION	19g. DATE OF OPERATION	19h COND	TION FOR WHICH OPERATIO	ON WAS PERFORMED	20e AUTOPSY?	120h JE YES A	WERE FINDIN	IGS LISED
LE E					1	IN CERTIFY	NG CAUSES	OF DEATH?
4 5	210. ACCIDENT WAS UNDERLY	NG T 216, TIME O	E IN ILIPY	21c. HOW INJURY OCCUR	YES NO	YES		NO 🗆
-	OR CONTRIBUTING CAUSE		M. MONTH DAY YEAR	THE HOW HAJORY OCCUR	RED (ENTER NATURE OF INJUI	TY IN HEM IS PAR	I ORPARI 2)	
2	(IF EITHER, NOTIFY MEDICALE)							
MEDICAL	21d INJURY OCCURRED	21e. PLACE	OF INJURY IEET, FACTORY, OFFICE, FARM, ETC.)	211. LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
	AT WORK AT WORK							
			e deceased from N-5-3			- ' '		hot (1) (we) last
	sow the deceased all above, (I) (we) (did) (did nat) view the body	ofter death.	nd that in (our) opinion	death accurred on the de	ote and haur a	nd from the o	couses stated
	226. SIGNATURE	0 0 1	0.00	DEGREE			22c DATE	SIGNED
	Cau	olels	1 WWW	ATTENDING PHYSICIAN [MEDICAL STAI		18-5	-84
7	22d. PHYSICIAN'S NAME	(TYPE OR PRINT)		220 ADDRESS				-
	C. A8010	B MILLE	P	BALTIMO	re City H	OSDI	TAL	
230	BURIAL, CREMATION, REM	OVAL 236. DATE	23c. NAME OF C	CEMETERY OR CREMATORY	23d LOCATION			
	(SPECIFY) Burial	8/11/		s Of Faith	Baltim	ore, Ma	ryland	STATE

DHMH - 16 50M 4/82 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physican and should be detached for use as the burial-transit permit. Then please remove carbanpapers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remayal.

ATTENDING PHYSICIAN: The law

etained by the haspital ar attending physician.

injury, ar other troumatic event,

IMPORTANT: If them 21 is marked or them 18 shows ony

24 FUNERAL DIRECTOR

Walter Dabrowski 1005 Dundalk Avenue

Maryland Sell-stress done (.) Baltimore A. 1. Joseph Agree Wit Maryland Serio Josephine reacr at college, the recent that reagan glief. We - We no

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Walter Unbrowski 2005 Mandalk Avwous

Pallemore, Mary and

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do	1.	FOR - STATE REGISTRAR		DEPARTM	NENT OF H	E OF MARYLAND BEALTH AND MENTAL HYG FICATE OF DEATH	IENE 3 44	2 1 1	6 3
		CEASED NAME E OR PRINT)	Dey'sy	MIDDLE	3 2	Hon.	20. DATE OF DEATH	8 6 84	1 1155pm
	3. SE	×F	4. RÁCE	B	5. DATE C	DF BIRTH DAY YEAR YEAR	6. AGE (IN YEARS LAST BIRT	YRS.	TS HOURS MIN.
in 72 No.	S		a L	OF WHAT COUNTRY?	WIDOWE		Cili	COUNTY OF DEATH (Baltin	nore) MD.
filed with	1	Saff m	me Lu	SUCH FACILITY, GIVE STREET	DORESE	OR OTHER INSTITUTION	120. USUAL OCCUPATA (TYPE OF WORK FOR MOST OF		
filled in hould be	13a. Ma	aryland	NG HOME OR OTHER INSTITUT	13c. CITY OR TOW	f.	YES AND NO	2/30	win chest	21216 V. St.
and 2 s	1	Steve	WIDDLE	Thompso		Hattie	MIDDLE	Coler	nan
on and co	16a.	WAS DECEASED EVER I (XES NO OR UNKNOWN)	N U.S. ARMED FORCE:		RITY NO.	Roberto-Fult		linchester	Street OXIMATE INTERVAL EN ONSET AND DEATH
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physici should be detached for use as the burial-stansit permit. Then please remove carbon paper with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal. MPORTANT: If them 21 is marked at them 18 shows any injury, at other traumatic event, the	MEDICAL CERTIFICATION	PART I. DEATH W. Conditions, if ony, gove rise to imm couse (0), stoting underlying couse PART 2 OTHER SIGN 210. ACCIDENT WAS UND OR CONTRIBUTING COURT WAS UND OR CONTRIBUTING COURT WAS UND OR CONTRIBUTING COURT WAS UNDER CONTRIBUTING COURT WAS COUNT OF COUNT WAS COU	IMMEDIATE CAUSE (o) which sediate and the lost to lost. (c) IIFICANT CONDITION: IDN 196. CO ERLYING 196. CO ERLYING 216. TIM AUSE OF DEATH AL EXAMINER) ED 216. PLA LET 114. HOMI LET 114. LET	OR AS A CONSEQUE OR AS A CONSEQUE CONTRIBUTING TO E OR AS A CONSEQUE OR AS A	ENCE OF ENCE OF DEATH BUT PEATH OPERATIO AY YEAR 19 ARM, ETC.)	blee oling	INAL DISEASE OR CONE 200 AUTOPSY? YES NO. NO. RED (ENTER NATURE OF INJUR CITY OR TO: death occurred on the sec	20b. IF YES, WERE FIN IN CERTIFYING CAUS YES TO THE TENT OF PART 1 OR PART 1 WN COUNTY The and hour and from 1 22c. DA	DINIOS USED SES OF DEATH? NO STATE
Should be a with the Str		Dr. 1	9413A1	Ĭ.		Luli	1 COCCI /	(08)	<i>\(\)</i>

DHMH - 16 50M 4/82 (VRA 15, 4)

BP.

TO HOSPITAL OR ATTENDING PHYSICIAN: The eleganed by the haspital or attending physicion.

Wm C March F/H Inc. 1101 E North Avenue

BURIAL CREMATION, REMOVAL

23a.

23b DATE 1/84

23¢ NAME OF CEMETERY OR CREMATORY

23d LOCATION
CITY OF TOWN Arbutus Memorial Pk

250. DATE REC'D, BY REGISTRAR'S SIGNATURANCE AUG 8

death. Page 4 may be

1						PTA	E UP MAR	YLAND							
	1 -	FOR STATE REGISTRAR			DEPA			ND MENTAL HY	GIENE 8	REG. NO	2	3	Special Control of the Control of th	6	4
		CEASED NAME	FIRST		MIDDLE		LAST		20 DATE C	OF DEATH	HTMON	DAY	YEAR	26 HO	JR
	(1116	ON PHINT!	ERNEST		MARTIN	BRAI	WNER			Aua	ust.	24.	84	1:1/	6n M
	3 SE)	(4 RACE		5. DATE	OF BIRTH		6 AGE (IN	YEARS LAST BIRT	7.7	IF UNDE	RIVEAR	IF UNDE	S TIMO
		MALE		WHITE		JUNE		1917 YEAR	67		YRS	MONTHS	DAYS	HOURS	MIN.
1		RTHPLACE STATE	OR FOREIGN	TE CITIZEN OF	WHAT COUNT	RY? 8	D NEV	ER MARRIED 🖄	9 BALTIM	ORE CITY OF	COUNT	Y OF DE	ATH		
0	5	Maryla	nd	U.S.	Α.	WIDOW		DIVORCED [В	ALTIMO	RE C	ĮТУ			MD.
2	2	TY OR TOWN OF	DEATH		HOSPITAL, NUR		OR OTHER	INSTITUTION		L OCCUPATION			KIND O	F BUSIN	ESS OR
	B	ALTIMORE		VA MED	ICAL CEN	ITER BA	LTIMOI	RE MD		Disab		U	-	Army	
2	13a S	AL RESIDENCE (#P	NURSING HOME OR		13c CITY OR T			E CITY LIMITS?	13e.STREET	ADDRESS /	ZIP COD	_€ Md.	217	27	
2		RYLAND	FRED	ERICK	EMMITS	BURG	YES 🗌	NO X	16708	Annan	dale	Rd.	Emmi	tsbu	irq
01	14. FA	THER'S NAME FIRST	,	AIDDLE	LAST		15. MOTH	ER'S MAIDEN NA	AWE	MIDDLE			IA51		
0		<u>Charled</u>		F.	Brawner			1ary		J.		Car	baug	h	
0		VAS DECEASED EN		MED FORCES? WAR OR DATES)	157		17 INFO	TI	anevto	wn ADDRE	· 21	787			
And the second		YES	1941-	1946	219 52	3608	Mary	F. Wast	ler,30	wp, Md	cks S	Scho	01 H	ouse	
		PART I. DEATH	H WAS CAUSE		Respir	ond (c). I	Arr	est					APPROXI	MATE INTE	DEATH
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		Conditions, if o		(b)_	and the same of th	emonia	_								
		gove rise to couse (a), st	ating the	DUE TO, (OR AS A CONSE	QUENCE OF	- 11		11						
		underlying co	use lost	((c)_	Squan	nous (ell	Cancer a	1 6	ing					
	NO	PART 2 OTHER S	IGNIFICANT C	onditions <u>(</u>	CONTRIBUTING	TO DEATH BUT	NOT RELA	TED TO THE TERM	MINAL DISEA	SE-OR COND	ITION GI	VEN IN	PAR1 Ira		
1	IFICATION	190 DATE OF OPE	RATION	196 CONI	DITION FOR WH	ICH OPERATIO	N WAS PE	RFORMED	20a AUT	OPSY?	206 IF YE	S, WER	E FINDIN	GS USE	D
	TIF								YES X	NO		ES 🗌	CAUSES	NO [
9	CERTI	210. ACCIDENT WAS		110110	OF INJURY	DAY YEAR	21c HOV	V INJURY OCCUR	RRED (ENTERN	NATURE OF INJUR	Y IN ITEM 18	PART I OR	PART 2)		
7	CAL	(IF EITHER, NOTHY			P.M.	19									
	MEDICAL	21d. INJURY OCC			OF INJURY	ICE, FARM, ETC.)	211 LOC	ATION TREET		CITY OR FOW	M	CO	YINU		STATE
	~		WHIIE WORK												
		220 I certify that		A m	L 0 1	01	30,	, 19 <u>84</u>		igust !	24,	19 8			we) lost
			eosed alive an e) (did) (did) X	View the bad	y after death.	9.04	<u>. </u>	n X) (aur) opinian	death accurr	red on the do	te and ho	ur and I	ram the a	ouses st	ated
		226 SIGNATURE	121, "	-6	7		DEGREE	ATTENDING	MEDICAL	STAF	F	22	C DATE	SIGNED	cv
,		4	shayan	70 -			100 :=	PHYSICIAN [R PHYSIC			5/2	> 10	T
		22d PHYSICIANS	NAME TYPE OF	PRINT)	OLGIA	n/()	3900		TUON RI	Pud R	r P t in	040	Md	212	18
		CUVY	KV)	51 D	00016	1100	13,00	LUCIL IN	LVCIL IM	cou. De	~~~	UTCE,	, mich	414	10

231. NAME OF CEMETERY OR CREMATORY

Anthony's

23d LOCATION CITY OF TOWN

Emmitsburg Frederick
250 DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATUR
COO CO

STATE

DHMH - 16 50M 4/83 (VRA 15, 4) 23a BURIAL, CREMATION, REMOVAL (SPECIFY)

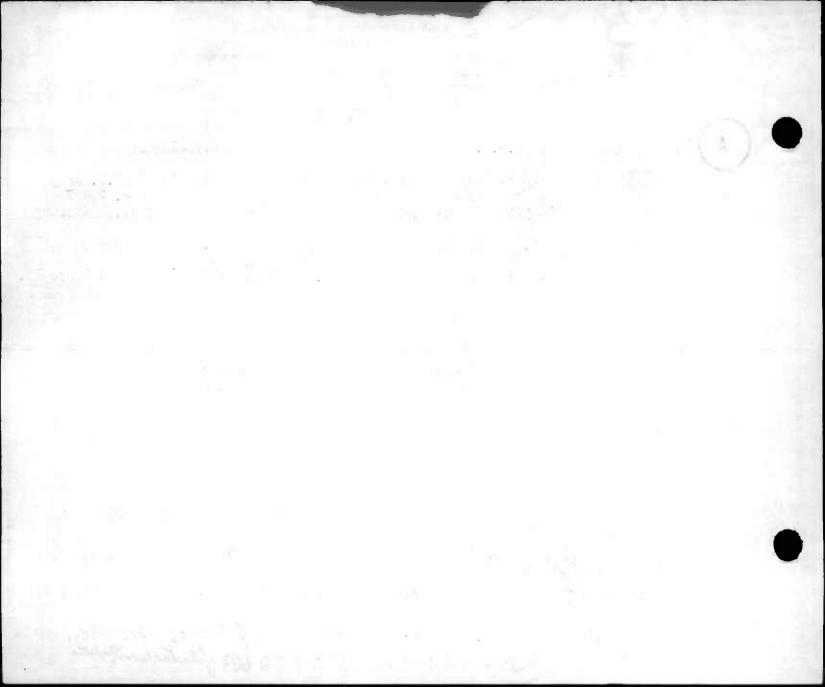
23b. DATE

Skiles Funeral Home, Emmitsburg,

etained by the haspital or attending physicial

TO FUNERAL DIRECTOR, After this certificate has been signed by the attending physicion and completely filled in the should be detached for use as the burial-transit permit. Then please remove carbonapaers. Pages 1 and 2 should be the with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IAPORTANT: If Item 21 is marked or Item 18 shows any injury, ar other traumatic event, the medical exa



rctor, page 3 softer death

4					OF MARYLAND			
5	1-	FOR STATE REGISTRAN			ALTH AND MENTAL HYGIE ATE OF DEATH	REG. NO.	1 1 6	3
		CEASED NAME ORPRINT) ELUIRI	4 BRH	1×7	SN	20 DATE OF DEATH MONTH	DAY YEAR 26. H	Copm
	3. SE)	FEMALE	BLACK	S. DATE OF	14/94	AGE (IN YEARS LAST BIRTHDAY) YRS	MONTHS. DAYS HOUR	NDER 24 HRS.
35	(RTHPLACE (STATE OR FOREIGN 76 COUNTRY)	CITIZEN OF WHAT COUNTRY?	MARRIED	☐ NEVER MARRIED ☐	BALTIMORE CITY OR COUNT	Y OF DEATH	MD.
90			1. NAME OF HOSPITAL, NURSING IF NOT IN SUCH FACILITY, GIVE STREET AD LEATOL	HOME OR	OTHER INSTITUTION I	26 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LE DOMESTIC	126. KIND OF BUS	
35	13a S	AL RESIDENCE (IF NURSING HOME OR O	THER INSTITUTION, GIVE RESIDENCE BEFORE ALL Y 13c. CITY OR TOWN	1	AND THERE'S MAIDEN NAME			rs Apt. pt. 1502
20			DDLE LAST Spridge		ANNIE	SPRICE	EAST	
		VAS DECEASED EVER IN U.S. ARM VES, NO OR UNKNOWN) (IF YES, GIVE V	ED FORCES? 166 SOCIAL SECURI	TY NO.	7 INFORMANT Geraldine M. 1		gin Avenue re, Maryla	nd
		PART I. DEATH WAS CAUSED IMMEDIATE Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.		ICE OF	Pancreas =	metastasis to liver	APPROXIMATE PROFITE AND APPROXIMATE PROFITE AND APPROXIMATE PROFITE AND APPROXIMATE AND APPROX	AND DEATH
2	CERTIFICATION	19a. DATE OF OPERATION	196. CONDITION FOR WHICH O	PERATION	WAS PERFORMED	IN CERTI	S, WERE FINDINGS U IFYING CAUSES OF DE ES \(\) NO	
9	MEDICAL CER	2 to ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	YEAR 19		D (ENTER NATURE OF INJURY IN ITEM TB	PART I OR PART 2)	
	MED	21d. INJURY OCCURRED WHILE HOT WHILE D	210 PLACE OF INJURY		P.II. LOCATION STREET	CITY OR TOWN	COUNTY	STATE
		27x I certify that (in the base-to- saw the decayed alive us above for two (did) self part 27h SHOSATURE	19		, 19. that in (my) (our) opinion de GREE	, to eath accurred on the date and ho	ur and from the causes 22c. DATE SIGNI	s stoted
		The PHYSICIAN'S NAME INTO	1/100		ATTENDING PHYSICIAN 1	MEDICAL STAFF DIRECTOR PHYSICIAN		
1		1 1/05	TEBLEY		10115 Clea	les Street	Balt.	21230
		BURIAL, CREMATION, REMOVAL SPECIFY) BURIAL			METERY OR CREMATORY Memorial Park	23d LOCATION CITY OF TOWN Baltime	county ore, Maryla	state

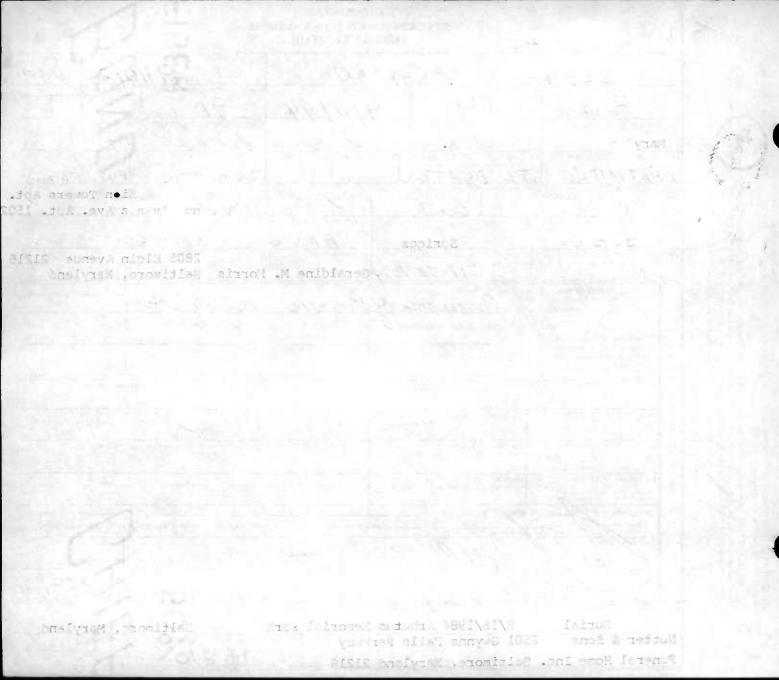
DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and campletely filled in should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1, and 2 should be with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within retained by the haspital or attending physician.

2 NUMBBELDIRECTSONS 2501 Gwynns Falls Parkway Funeral Home Inc. Baltimore, Maryland 21216

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE



		1-	FOR STATE REGISTRAR	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	FIENE 3 4	21166	
, B.			CEASED NAME FIRST OR PRINTS	MIDDLE	BRIGHT FUL	20. DATE OF DEATH	MONTH DAY YEAR 26 HOUR 5	-
ge 4 m ector, rs off	ij	3. SE	4	4 RACE B	5. DATE OF BIRTH MONTH DAY YEAR 8 3 3 32	6. AGE LIN YEARS LAST BIRT	HDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS MOURS MIN.	V1
heath. Pagineral direction 72 hau	77	70. BI	RTHPLACE (STATE OR FOREIGN COUNTRY) Carolina	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY O	RCOUNTY OF DEATH	D
by the fulfilled with	42	10. CI	BALTING AT	11. NAME OF HOSPITAL, NURSING INF NOT INSUCH FACILITY, GIVE STREET STAAL HOT	IG HOME OR OTHER INSTITUTION ADDRESS)	120 USTAL OCCUPATION DIETIAN		2
n 24 hour filled in hould be	34	13a S	ary and 136 col	DR OTHER INSTITUTION GIVE RESIDENCE BEFORE 13° CITY OR TOW Baltin	N 13d INSIDE CITY LIMITS?		ZIP CODE LAUE	
ampletely ond 2 sh	00	14. FA	TULL OUS	MIDDLE BROW	15 MOTHER'S MAIDEN NA	315 MIDDLE	Scott	
on ond co	1	- (VAS DECEASED EVER IN U.S. A VES. NO OR UNKNOWN) (IF YES, C	RMED FORCES? 16b. SOCIAL SECU-	4 8	3 BRIG	ITTEUCHOSBI	9
physicia inpapers emayol.			PART I. DEATH WAS CAUS	only one cause per line for (a), (b), an SED BY: ATE CAUSE (a) 6/0 MY	ocerdul - Ty fero	ction	BETWEEN ONSET AND DEATH	_
that the death ceid by the attending ease remove carboal, cremation, or representation, or respectively.			Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE (b) ATTEND SU DUE TO, OR AS A CONSEQUE	entice Covering Ver	cular Desc	use	
n signed Then plen To burio		NOI	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	NINAL DISEASE OR CON	DITION GIVEN IN PART 110	
on. has bee t permit. ene prior	9	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO	
SICIAN: TI ag physicis certificate rial-transif ental Hygi	9		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMIN		21c. HOW INJURY OCCUR	RED* (ENTER NATURE OF INJUR	TY IN ITEM 18 PART T OR PART 2)	
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fending or use of Health			22a.1 certify that (1) (this has saw the deceased alive a	on A 19	Tuly 24 1984	death accurred on the do	that (1) we be steened from the couses stated	57

TO FUNERAL DIRECTOR: should be detached for us with the State Dept. of Hee TO HOSPITAL OR ATTEN MPORTANT: If hem 21 BP.

DHMH - 16 50M 4/83 (VRA 15, 4)

230. BURIAL, CREMATION, REMOVAL 24 FUNERAL DIRECTOR

Western Star Cemo Baltimure, md 28223 250. DA 1913 Baltimore ST AU

MD

WEBER

23d LOCATION Baltimore

MEDICAL STAFF
DIRECTOR PHYSICIAN

of SINAT HISTETAL, GATENSPADNOCE

COUNTY

mD,

DEGREE

ATTENDING PHYSICIAN

250. DATE REC'D. BY REGISTRAR 29 REGISTRAR'S SIGNATURE AUG 1 7 1984

220 DATE SIGNED

SOFT WAR CONTINUES BUILDING THE PARTY HAVE TO A SOUTH FIRST THE IMPLIES OF STREET STREET 三三つ名在かり かいりょう かんりょう THE RESIDENCE OF THE PROPERTY AUB 7 180A

- STATE REGISTRAR	41.5			CERTIFIC	ATE OF D	EATH		REG. NO.		
DECEASED NAME	FIR51		MIDDLE	LAS	T		20. DATE OF	DEATH MONTH	DAY YEAR	2b. HOUR
	JOH	N ·	Κ.	BRIG	STOCKE		8-3	0-84		11:50p
I. SEX		4 RACE		5. DATE OF			6. AGE (IN YE	ARS LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS.
M		Caucas	ian	MONTH 9	8	98	XX	85 YR		HOURS MIN.
O. BIRTHPLACE (ST	ATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8 AAADDIED	X NEVER M	ADDIED [E CITY OR COUN	TY OF DEATH	
	a.	U.S.A.		WIDOWED		ORCED [В.	ALTO. C	ITY	MD
O. CITY OR TOWN	OF DEATH	11. NAME OF	HOSPITAL, NURSING FACILITY, GIVE STREET	NG HOME OR	OTHER INST	ITUTION	12a. USUAL O	CCUPATION FOR MOST OF WORKING		OF BUSINESS OR
BALTO.	CITY	ROLAND	PARK PLA	CE HEAT	LTH CAL	RE CENT			Bank	ino
USUAL RESIDENCE	IF NURSING HOME (R OTHER INSTITUTION	GIVE RESIDENCE BEFOR	E ADMISSION)	3d INSIDE CI			DDRESS / ZIP CO		2121
MD.	130.000			. City		NO [Beech A		
4 FATHER'S NAME			LAST			MAIDEN NA				
Mort	imer	K. Bri	gstocke			Marie		MIDDLE	D111	nbar
60 WAS DECEASED			166 SOCIAL SECT	JRITY NO.	7. INFORMAL			ADDRESS	2121	1
(YES NO OR UNKNO	WN) (IF YES, G	IVE WAR OR DATES)	213 10	3681	Mrs.J.	K. Brig	stocke	3925 Bee	ech Av.B	alt.Md.
	ATH WAS CAUS		line for 101, (b), or Nelaslal	ic ad	enoca	ncinor	na of	colon		MATE INTERVAL ONSET AND DEATH
13013		DUF TO O	R AS A CONSEQU	ENCE OF						
	f ony, which o immediate stating the	(b)	r as a consequ							
underlying		100210,0	K AS A CONSEGU	ENCE OF						

190. DATE OF OPERATION	196. CONDITION FOR WHICH OPERATIO	N WAS PERFORMED	20e AUTOPSY?	206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?		
			YES NO	YES 🗌	NO 🗌	
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c. HOW INJURY OCCU	IRRED (ENTER NATURE OF INJU	RY IN ITEM 18. PART 1 OR PART 2}		
21d. INJURY OCCURRED WHILE NO! WHILE AT WORK	21e. PLACE OF INJURY [AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.]	211 LOCATION STREET	CITY OR TO	wn COUNTY	STAIE	

DHMH - 16 50M 4/83 (VRA 1S, 4)

MEDICAL

22b. SIGNATUR

22d. PHYSICIAN

236 BURIAL CREMATION, REMOVAL (SPECIFY)

Cremation 23b. DATE 8-31-84 234 NAME OF CEMETERY OR CREMATORY

DEGREE

22e ADDRESS

23d LOCATION

MEDICAL STAFF DIRECTOR PHYSICIAN

Roland Park Pl. Health Center 840W.

COUNTY STATE

Green MountCrematory Balt.
6500 York Rd. SEP 4 1984 24 FUNERAL DIRECTOR 24 FUNERAL DIRECTOR 6500 York Rd.
Mitchell-Wiedefeld Home Inc. Balt. Md. 21212

John Bowie, M.D.

ATTENDING PHYSICIAN

Astronomy of the community of the state of t

				WIDDLE		A3)		20. DATE OF DEATH	HINON	DAT TEAR	Zb. HOUR	
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(8%)	3. SEX		4. RACE					6 AGE (IN YEARS LAST BIRTH	IDAY	IF UNDER 1 YEAR	IF UNDER ?	
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d lico							MRS.	SHIRLEYADGO	EN	6350 RE	D CEI	DAR
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10 5 0 5 0 E		saw the deceased alive a	0 5/10/8	4 19	, a	nd that in (my) (a	ur) opinian c	death occurred an the dat	e and hou	r and from the	causes stat	ted
Not be to the second	22		un view the body	oner deam.		DEGREE			VII	22c. DATE	SIGNED	
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FOR

- STATE

DHMH - 16 50M 4/83

(VRA 15, 4)

REGISTRAR

23b. DATE AUG.12,1984 236 NAME OF CEMETERY OR CREMATORY OF CHIZUK AMUNO (ARLING 230. BURIAL, CREMATION, REMOVAL ISPECIFY) BURIAL STATE SOL LEVINSON & BROS., INC. 24 FUNERAL DIRECTOR 21215 6010 REISTERSTOWN RD. BALTO., MD

22e. ADDRESS

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO.

YEAR

HYPORBILIPUBINEMIA

2b HOUR

21207

£ 18/10/84 1618" Sommy: El Ballinger Partition, 1P 0.54 BARTINGER GIFTYER BALTIMORE II CONDINATY OF MARKADO BATTHON, HE BALTHURY BALTHURY . STON STANFORD PD THEIR CATERAL LETTE DE STERNING THE THE PARTY SECTIONAL CONTRACTOR SECTION TOTAL VARIABLE STATES Mulin-Switten Fallware Colou Cander CI Blooming Thomasoffer Stay from Vine Description of Million Reserved 7/19/34 Stemsmere Colon Conver The text of the te 9. T. Melinante Jr. 144/01/3 22 Surger Strawer Strawer Haylan material ACL 5 tops of the district of

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TTENDING

HOSPITAL

	1-	FOR - STATE REGISTRAR			DEPARTI	MENT OF H	OF MARYL EALTH AND ICATE OF	MENTAL HYG	IENE 8	REG. NO.	2	Bright.	6 9		
		CEASED NAME	FIRST		WIDDIE	1/	AST		20 DATE OF D	EATH MO	NTH DAY	YEAR	76 HOUR		
	1	•	NATHAN	TIMOTHY BRINKMAN					AUGUST 9 1984 10:30						
	3. SE	х		1. RACE		5. DATE O		25.0	6 AGE (IN YEA	RS LAST BIRTHO	MON	NDER I YEAR	IF UNDER 24 HRS HOURS MIN.		
n	1	ThAL		Wh	ite	8	9	84			YRS	3	Mile.		
35		IRTHPLACE (STATE)	OR FOREIGN	TE CITIZEN OF	WHAT COUNTRY?	8 AA A DO IE I	NEVER	_/	9 BALTIMORI	_					
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277	10. C	ITY OR TOWN OF	EATH		HOSPITAL, NURSIN		R OTHER INS	TITUTION	12a USUAL OC			126 KIND C	OF BUSINESS OR		
	1	BALTIMO	RE	al la		PKINS	HOSP	TTAL.	(TIPE OF WORK F	OR MOST OF W	ORKING (IFE)	INDUSTR1	-		
		AL RESIDENCE (# N	URSING HOME OR		GIVE RESIDENCE BEFORE		13d INSIDE	NO [130 STREET AC	DRESS / Z	P CODE	PE /	2115		
Compression	14. FA	ATHER'S NAME FIRST	الم	NIDDLE	30 Fr.Ko	42.	15 MOTHER	S MAIDEN NAM	ME	MIDDLE	Hal	177	ST		
medico		WAS DECEASED EV YES, NO OR UNKNOWN)		MED FORCES? WAR OR DATES!	166 SOCIAL SECU	JRITY NO.	17 INFORM	W BRD	Knan	ADDRESS	Q	21	157		
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fraumatic		Conditions, if o		DUE TO, C	RAS A CONSEQUI	ENCE OF	fetal	Curen	lahin			á	2 days		
or other t		gave rise to i couse (a), sta underlying car	iting the	DUE TO, C	R AS A CONSEQUE		y or	pheles	nonie				0		
injury,	N O	PART 2. OTHER S	GNIFICANTC	ONDITIONS C	naturation of the	DEATH BUT	NOT RELATE	OVFO THE TERM	INAL DISEASE	OR CONDIT	ION GIVEN	IN PART I	0		
J ows ony	CERTIFICATION	190 DATE OF OPE	RATION	196 COND	196. CONDITION FOR WHICH OPERATION WAS PERFORMED				200 AUTOP		Db. IF YES, W N CERTIFY IN YES	G CAUSES	NGS USED S OF DEATH? NO [
80	A P	218. ACCIDENT WAS OR CONTRIBUTING	CAUSE OF DEA	H	OF INJURY .M. MONTH D.	AY YEAR	21¢ HOW If	VJURY OCCURR	ED (ENTERNATU	RE OF INJURY IN	ITEM 18 PART	OR PART 2)			
rked or lie	MEDIC	21d INJURY OCC		21e PLACE	OF INJURY REET, FACTORY, OFFICE, I		211. LOCATE			CITY OR TOWN		COUNTY	STATE		
Ê		22a L certify that	(I) (this hospit	all behanded th	e deceased from	, 6	16	10 84	to	8/	4 10	84	that (I) (we) las		

22a. I certify that (I) (thi hospital) attended the decreased from saw the deceased alive on above. (I) (we) (Gid) (did not) view the body alter (aur) apinion death accurred on the date and hour and from the causes stated deoth. 22c. DATE SIGNED 226. SIGNATURE DEGREE

22e ADDRESS

ATTENDING PHYSICIAN MEDICAL STAFF
DIRECTOR PHYSICIAN

23e. BURIAL, CREMATION, REMOVAL 236. DATE 23c NAME OF CEMETERY OR CREMATORY

24 FUNERAL DIRECTOR

250. DATE REC'D.

BY REGISTRAR 256 REGISTRAR'S SIGNATURE

DHMH - 16 50M 4/83

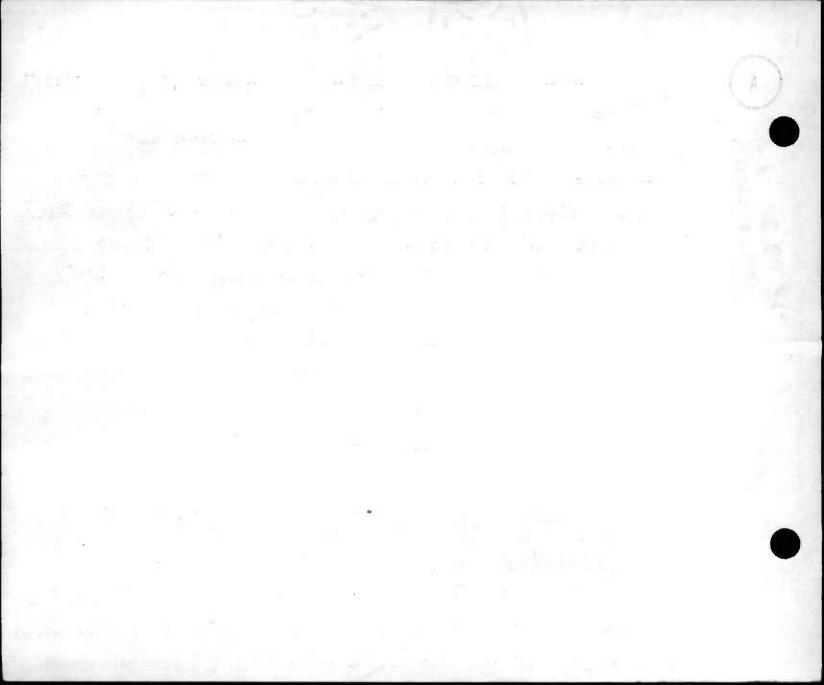
should be detached for use as the buriol-transit permit. I with the State Dept. of Health and Mental Hygiene priar

IMPORTANT: If Hem 21 is

FUNERAL DIRECTOR:

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(VRA 15, 4)



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11.	FOR STATE								AND M		1.3	Gray .	6	2 1		1	0
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70.	BIRTHPLACE (STATE OR		76 CITIZEN	OF WH	AT COUN	TRY?	8 MARR	ED & NE	VER MARR	IED 🗆	BALTIMO	RE CITY	OR COU	NTY OF D	HTAS	
	ennsy]			U.S				WIDOW		DIVORC		Baltir					MD
	CITY OR TOWN		Н	II NAME OF	UCH FACI	LITY, GIVE S	TREET ADDRESS)	ER INSTITU	TION	FOR M	AL OCCUPA OST OF WORKIN	NG LIFE)		K 126 KIN	ND OF BURNDUST	ISINESS RY
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N	0					213	3-07-	8036	Inez	М.	Brit	tain		Sam	e as	13	e
	18 CAUSE	OF DEATH	(Enter anly	one couse p	er line f	or (o), (b), ond (c).)								BETV	PPROXIMATI	E INTERVAL T AND DEATH
	PARTIL	EATH WAS		BY: E CAUSE (o)_	Ar	teri	oscle	rotic	Cardi	ovaso	cular	Disea	se				
				DUE TO	O, OR A	S A CON	NSEQUENC	OF									
		ans, if ony rise to in		(b)_													
	cause (d	a) stating th		DUE TO	O, OR A	S A CON	SEQUENCI	OF									
	lying co	iose iasi.		(c)_													
		SIGNIFICANT C	ONDITIONS C	ONTRIBUTING TO	DEATH BU	IT NOT REL	ITED TO THE TE	RMINAL DISEAS	OR CONDITIO	N GIVEN IN PA	RT 1 (a)						
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F															Y	YES 🗌	CKON
1 8	210 EXTERN				ME OF I		DAY YE	AR 21c. H	OW INJURY	OCCURRE	D (ENTERN	ATURE OF INJUR	RY IN ITEM 1	B PART 1 OR	PART 2)		
143	UNDERLYIN CONTRIBUT			EATH	P.M.		19										
MEDICAL	21d INJURY WHILE	OCCURRE	D			RY, FARM, E	(AT HOME,		CATION			CITY OR TOWN	٧		COUNTY		STATE
<	AT WORK	NOT W	RK														
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	death resu		Nature		1	Accident		uicide	, Homic			rmined man		,			
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V		101	11	0								CUL LYAMII	AEV.	3101	10		
1	EXAMINER'S		Gr	egory	R.	Kuaf	fman,	M.D.	ADDRESS_	111	Penn	St.					
23 o.	BURIAL CREM		MOVAL 23	b. DATE		23c.			R CREMATO			CATION		-	OUNTY	c	ATE
B	urial		8	3/18/3	198	4 E	Bel A	ir				Air	На	arfo	rd	Mar	vland
24	FUNERAL DIRE	CTORDU	ida-I								REC'D. BY	REGISTRAR	25b REC	SISTRAR'S	SSIGNAT	Bridge	e.
7	922 Wi	se A	venu	ie Î	Dun	dalk	, MD	. 21:	222	AU	617	1984		J 4-100 (1			200
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March F/H Inc. 1101 E North Avenue

FOR

- STATE

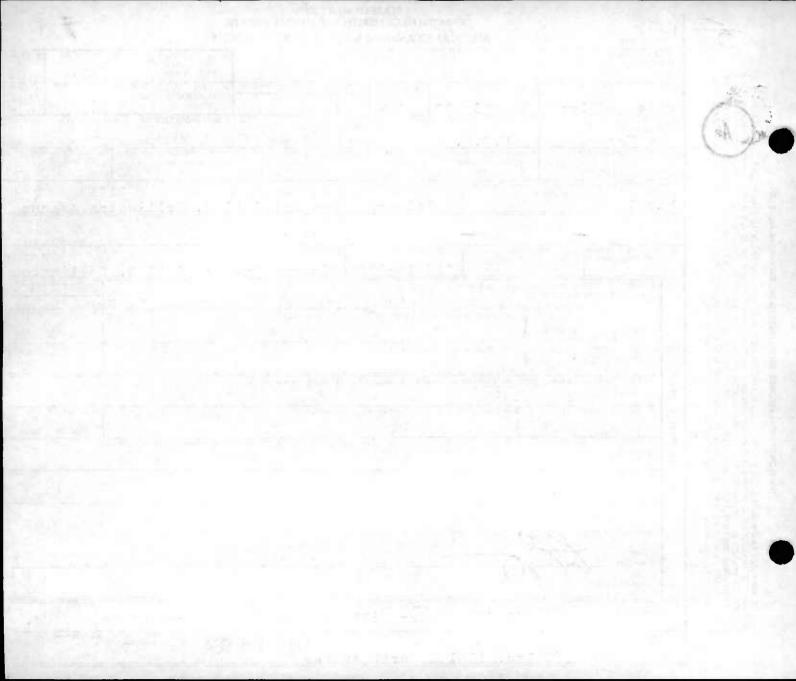
DHMH - 17 (VR A15 ME (5))

20M 4/82

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL

YGIEN OF DE	IE TH	REG. N		Ì	1	I	
	20. DATE OF DEATH	KNOWN X ESTI- MATED	MONTH	DAY 5/84	YEAR	26 HC	UR
24 HRS.	2c DATE PRONOUN DEAD	∤CED	MONTH	DAY	YEAR	2d HC	SUR 8
IED 🗆	9 BALTIM	ORE CITY	OR COUN] A	<u>M</u>
		Ltimor PATION (TYP KING LIFE)		12b KIP	ND OF BU		MD.
13e STR	REET ADDRE	SS	2	1213	3		
1193 EN NAME		Coll	ing		AVE	nue	-
n		IDDEC.			LAST		
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ED (ENTER	NATURE OF IN.	URY IN ITEM 18	PART I OR P	ART 2)			
	CITY OR TO	WN	co	OUNTY		STA	.TE
Unde	Inquiry termined mo		nd in my o	pinion	H		
t_MED	ICAL EXAM	NINER	DATE	ED_8	/15/	84	
Penn							=
7 A	ortown nne	Arund	e1 °	CO,	S	Md.	
16	1984	1 256. REG	TSTRAKS.	SIGNAT	phalic		
16	1984	R 256. RES	STRAR'S	SIGNAT	phalic		



requires that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician.

executed within 24 hours ofter death. Page 4 may be

ond completely filled in by the la

IMPORTANT: If them 21 is marked or Item 18 shows any injury, or other traumatic event, the medical exam TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and co should be detached for use as the burial-transit permit. Then please remove corbanpapers. Pages 1 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

STATE OF MARYLAND

1 -	STATE REGISTRAR		CERTIFI	CATE OF DEATH	REG.	NO.	1/2
	CEASED NAME FIRST	MIDDLE	LA	ST	2a. DATE OF DEATH	MONTH DAY	YEAR 26 HOUR
(TYPE	CATHERINE	M.	BR 001	<5		8 26	84 1945 M
3. SE	× _ 1	RACE	5. DATE OF		6 AGE (IN YEARS LAST	BIRTHDAY) IF U	THS DAYS HOURS MIN.
	<u> </u>	(2)	02	100 103	8	YRS.	THIS DATS HOURS MIN.
		CITIZEN OF WHAT	COUNTRY?	NEVER MARRIED	9. BALTIMORE CITY	OR COUNTY OF	DEATH
	COUNTRY)	U.S. A	MARRIED WIDOWED		BAGF	MORDO	1 6/14 MD.
10 C	TY OR TOWN OF DEATH		AL, NURSING HOME OF	OTHER INSTITUTION	170 USUAL OCCUPA (TYPE OF WORK FOR MOS		126 KIND OF BUSINESS OR INDUSTRY
	Salt, Md.	UNIVERS	MY OF M	UD HOSP	Ratine	0	14003111
USU.	AL RESIDENCE (IF NURSING HOME OF O			13d INSIDE CITY LIMITS	? 13e.STREET ADDRESS	ZIP CODE	
	m D	Ba	STIMBAG	YES NO		and a M	A
14. F	ATHER'S NAME	DDIE	O LAST	15. MOTHER'S MAIDEN	NAME		2+ 1 3+ 1 /
	RICHARD	10	Rooks	ANNA			LEF
	VAS DECEASED EVER IN U.S. ARM	ED FORCES? 16b. SC	OCIAL SECURITY NO.	17. INFORMANT	ADD	RESS	100
	M	75	0-30-4309	EVELYN	BURNETT	194	& Hadenblue.
	18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED		(o), (b), ond (c).)	, 0,1			APPROXIMATE INTERVAL BETWEED ONSET AND DEATH
	IMMEDIATE	1 L	+ MOCENI	C >HC	OCK		34340 8-24/M
		DUE TO, OR AS A	CONSEQUENCE OF				
	Conditions, if ony, which	((b) M	YOC ARDA	C IN	FARCTION		18/19/6
	gove rise to immediate couse (0), stating the	DUE TO, OR AS A	CONSEQUENCE OF				
	underlying couse lost.	(10)					
7	PART 2 OTHER SIGNIFICANT CO	NDITIONS CONTRIB	UTING TO DEATH BUT I	NOT RELATED TO THE T	ERMINAL DISEASE OR CO	NDITION GIVEN	IN PART 110
ō	- none	in Dega	ndent D	mulieto.	Melliles		
CERTIFICATION	19a DATE OF OPERATION	196 CONDITION F	OR WHICH OPERATION	WAS PERFORMED	200 AUTOPSY?		YERE FINDINGS USED IG CAUSES OF DEATH?
RTIF					YES NO	YES [
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	10 TIME OF INJU		21c HOW INJURY OCC	CURRED (EMILIANO	MITT IN ITEM IS PART	1 OR PART 2)
CAI	(IF EITHER, NOTIFY MEDIC ALEXAMINER)	P.M.	19				
MEDICAL	21d. INJURY OCCURRED	21e, PLACE OF INJI	URY TORY, OFFICE, FARM, ETC.)	21f LOCATION STREET	CITY OR	TOWN	COUNTY STATE
0	AT WORK AT WORK				,	1-	
	22e.1 certify that (I) (this hospita		0.1	. 19_3	, 10	2 G 19.	184 , that (1) (we) lost
	sow the deceosed olive on obove, (I) (we) (did) (did not)	view the body ofter d		d that in (my) (our) opin	nion death occurred on the	date and hour or	nd from the couses stated
	226. SIGNATURE	+ 22	& Mb °	EGREE ATTENDIN	G MEDICAL SI	AFF /	220 DATE SIGNED
	22d. PHYSICIAN'S NAME (TYPE OR	a l	100	PHYSICIAI 22e ADDRESS /		SICIAN D	8/26/84
	A/ RED T	Q 20	DA MA	Univ. of	Md. Hap,	225. (creane St.
22- 1	BURIAL, CREMATION, REMOVAL	23b DATE	123, NAME OF CE	METERY OR CREMATO	RY T23d LOCATION		
	ISBCIEY) R M U V M L	9. 1. VA		Waster OR CREMATO	3 ITY OR TOWN	VEMAS	OUNTY OF STATE

DHMH - 16 50M 4/83 (VRA 15, 4)

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24 FUNERAL DIRECTOR 18 MAN 18 MAN SANIG

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

Charles and Take Charles and Charles Jan 17 18 18 the state of the s

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TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physical should be detached for use as the burial-transit permit. Then please remove cachem property with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or meneval.

OR ATTENDING PHYSICIAN: The law requires that the death

TO HOSPITAL OR ATTENDING PHYSICIAN: The retained by the hospitol or attending physicio

		FOR		DFD 4 DV		E UF MARYLAND	Comme Co	9 1	-	7 3
5	1 -	STATE REGISTRAR		DEPART		EALTH AND MENTAL HYG		tia I	-	, 0
1	DEC	CEASED NAME FIRST		MIDDLE		AST	REG. NO	D. DAY	YEAR	2b. HOUR
		OR PRINT)					26. DATE OF DEATH	MONIN DAI		ZB. HOUR
-		Rilla		E.	-	cooks	=	8 23	84	
3.	SEX		4 RACE		5. DATE C	DAY YEAR	6 AGE (IN YEARS LAST BIR	MONTH	DER I YEAR	IF UNDER 24 HRS HOURS MIN.
		Female		ack	10	8 13	70	YRS.		
10 70		RTHPLACE (STATE OR FOREIGN OUNTRY)	76. CITIZEN OF	WHAT COUNTRY?	8. MARRIE	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF D	EATH	
		Carolina	U.S		WIDOWE	DIVORCED [Baltimore			M
10	. CII	TY OR TOWN OF DEATH		HOSPITAL, NURSING FACILITY, GIVE STREET		OR OTHER INSTITUTION	12a USUAL OCCUPATI		DUSTRY	F BUSINESS O
100	В	altimore		N. Beth		reet				
U	SUA So S	AL RESIDENCE (IF NURSING HOME OF TATE 136 COUL	OTHER INSTITUTION	GIVE RESIDENCE BEFORE		13d INSIDE CITY LIMITS?	13e. STREET ADDRESS			
100	-	ryland		Balti		YES X NO	1826 N. H	Bethel	St.	21213
_	_	THER'S NAME	ALT.			15. MOTHER'S MAIDEN NA	ME			
0		Jim	MIDDLE	Stagge:	rs	Dilsey	MIDDLE		LAST	
16		AS DECEASED EVER IN U.S. AF		166 SOCIAL SECU		17. INFORMANT	ADDRE	SS	- 7 - 5	
	Ü	ES NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES)	N/A		Bernadine 1	K. Wvatt 1	218 Cl	earf	e Cir
F		18 CAUSE OF DEATH (Enter of		1 1 1 1 1 1	1		*			MATE INTERVAL
		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.	(b)	R AS A CONSEQUE	R10	SCLERUSIS				
	Z C	PART 2. OTHER SIGNIFICANT,	CONDITIONS	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	NINAL DISEASE OR CON	DITION GIVEN IN	PART 1(o	1
9	CEKTIFICATION	190. DATE OF OPERATION	19b COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WEI IN CERTIFYING YES		
in the		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	AIH	DE INJURY ,M. MONTH D. .M.	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART 1 O	R PART 2)	
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC)	211. LOCATION STREET	CITY OR TO	wn c	OUNTY	STATE
		220.1 certify that (1) (this hasp sow the deceased alive or above (1) (we) (did (did no	2 8 2	198	k	nd that in (my) our) opinion	deoth occurred on the do			that (I) (we) lo
		22b. SIGNATURE	91	Woll		DEGREE ATTENDING PHYSICIAN	MEDICAL STAI	F	8-V	SIGNED
		22d. PHYSICIAN'S NAME (TYPE	PRINT)	JALSH	MO	333 ST	PAUL	747	102	

234 NAME OF CEMETERY OR CREMATORY 234 LOCATION Goodwill Church Cem Cades,

250 DATE REC'D

AUG 2

1984

S.C.

COUNTY

BY REGISTRAR 256 A GISTRANS SIGNATURES

DHMH-16 30M 2/80 (VRA 15, 4)

BP.

24. FUNERAL DIRECTOR Wm C March F/H Inc.

230, BURIAL CREMATION, REMOVAL BURIAL

2380ATE 30/84

ADDRESS

1101 E North Avenue

DHMH - 16 50M 4/83

(VRA 15, 4)

	1.	FOR - STATE REGISTRAR	DEPARTA	MENT OF H	E OF MARYLAND EALTH AND MENTA ICATE OF DEATI		REG. NO	3	1174	, -
		CEASED NAME FIRST BA	BY BOY BR		AST	20. DA		23,	1984	26. HOUR 1:38a
	3. SE	× MALE	4 RACE BLACK	S. DATE C	DAY YE		IN YEARS LAST BIRTH		IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.
35	M	IRTHPLACE (STATE OR FOREIGN COUNTRY) ARYTAND ITY OR TOWN OF DEATH	76. CITIZEN OF WHAT COUNTRY? USA 11. NAME OF HOSPITAL, NURSIN	WIDOWE		D BA	LTIMORE CITY OR	E CI	TY	MD.
<u>\$3</u>	В	ALTIMORE /	(IF NOT IN SUCH FACILITY, GIVE STREET THE JOHNS HOE	ADDRESS) PKINS		(TYPE O	F WORK FOR MOST OF			OF BUSINESS OR
35	130 MA	STATE RYLAND CIT ATHER'S NAME	NTY 13c CITY OR TOW	N.	134 INSIDE CITY LIA YESTEN NO (903	PENNS			E
300		RONALD	BROWN		RHOND		MIDDLE		BROWN	ST.
medico		WAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? (E WAR OR DATES)	IRITY NO.	17 INFORMANT		ADDRES	5		
vake event, the medico		PART I. DEATH WAS CAUSE	nly one couse per line for (o), Ap., on. DBY: TE CAUSE (o) DUE TO, OR AS A CONFEQUE	eheri	muter	7 0	wis	L-	BETWEEN	IMÁTE INTERVAL ONSET AND DEATH
injury, or other troumake	} !	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUE		July	0	2 Walk			
	NOL	PART 2 OTHER SIGNIFICANT (conditions <u>contributing to E</u>	DEATH BUT	NOT RELATED TO TH	ie terminal Di	sease or cond			
shows only	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	-	YES		IN CERTIF	, WERE FINDIN YING CAUSES S	
Hem 18	CAL	21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH DA	AY YEAR	21c. HOW INJURY (OCCURRED (EN	TER NATURE OF INJURY	IN ITEM 18 P	ART I OR PART ?)	
Item 21 is morked or	MEDI	21d, INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY OFFICE, F	ARM. ETC)	21f LOCATION STREET	SAI .	CITY OR TOW	'N >	COUNTY	STATE
121 is m		sow the deceased olive on	ot) view the body ofter death.	84, dr	d that in my (our)	opinion death or	curred on the dot	e ond hou		that (II)(we) lost causes stated
<u>*</u>		17h SIGNATORE	yleth	7			CAL STAFF		22c. DATE	23/84
MPORTANT		PHYSICIAN'S NAME (TYPEC	h HACKETT		22e ADDRESS	M3 H	4p Air	o F	1000	itil

236. DATE 236. NAME OF CEMETERY OR CREMATORY 236 LOCKTION CITY OR TOWN
THOUGH OF THE STATE OF STATE O

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral dishould be detached for use as the build-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 has with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTAINT: If them 21 is marked or them 18 shows any injury, as other traumatic event, the medical

must be notified of once.

	STATE OF MARYL
FOR	DEPARTMENT OF HEALTH AND

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE &
CERTIFICATE OF DEATH

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1.	· STATE REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	0.		
	CEASED NAME FIRST	1	M)DDI E	Ĺ	AST CO	20. DATE OF DEATH	MONTH	DAY YEAR 2	HOUR
An	nie (R	uth	/	Grown		70-1	20 37	SPM
3. SE	X	4 RACE		5. DATE C		6 AGE (IN YEARS LAST BE			F UNDER 2 HRS.
	Female	В1	ack	2	4 20	64	YRS.		
	RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	8 AAADDIE	D NEVER MARRIED	9. BALTIMORE CITY	R COUNTY	OF DEATH	
1	. Carolina	U.S.	A	WIDOWE		Baltimo	e Ci	tv	MD.
	ITY OR TOWN OF DEATH	11. NAME OF			OR OTHER INSTITUTION	12a USUAL OCCUPAT	ION	176. KIND OF	BUSINESS OR
	altimore	John		ON /1	reducal CENTER	1			
	AL RESIDENCE (# NURSING HOME C		GIVE RESIDENCE BEFORE		136. INSIDE CITY LIMITS?	13e STREET ADDRESS	/ 7IP CODE		
	arvland		Baltim		YES NO	3807 Do			1215
	ATHER'S NAME			010	15. MOTHER'S MAIDEN NA	ME			
	FIRST	MIDDLE	LAST		FIRST	WIDDLE		LAST	
14- 1	Luther WAS DECEASED EVER IN U.S. A	BALED FORCES?	Stephen 16b SOCIAL SECUI		Maggie 17. INFORMANT	ADDR	FSS	Bigg	7.5.
		IVE WAR OR DATES)							
N	0		108-42-	8583	Dorothy Br	own 3807	Dolf	ield Av	TEINTERVAL
NO	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost PART 2. OTHER SIGNIFICANT	(c)_	R AS A CONSEQUE		NOT RELATED TO THE TERM		/	EN IN PART 110	- در در
CERTIFICATION	190 DATE OF OPERATION	196. COND	ITION FOR WHICH	OPERATIO	n was performed	YES NO	206. IF YES	, WERE FINDING YING CAUSES O S	
	210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI	HOUR A.	DE INJURY M. MONTH DA M.	Y YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	RY IN ITEM 18. P.	ART I OR PART 2)	
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY, OFFICE, FA	ARM, ETC)	211 LOCATION STREET	CITY OR TO)WN	COUNTY	STATE
	220.1 certify that (I) (this has saw the deceased alive a above, (I) (we) (did) (did n			7	nd that in (my) (our) opinion	death occurred on the d	ate and hou		at (1) (we) lost ouses stated
	226. SIGNATURE	WA	onij		DEGREE ATTENDING PHYSICIAN	MEDICAL STA		22c. DATE S	GNED
	Glenton W		ıs		27e. ADDRESS	5. (han	les s	7.	
	BURIAL, CREMATION, REMOVA BURIAL				EMETERY OR CREMATORY S Mem. Pk.	Arbutus	,	COUNTY	Md.
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DHMH - 16 50M 4/83 (VRA 15, 4)

etoined by the haspital or attending physician.

Wm C March F/H Inc. $1101~{
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m ADRESS}$ North Avenue

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TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely tilled in by should be detached for use as the buriol-transit permit. Then please remove carbonpopers. Pages I and 2 should be the with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

IMPORTANT: If them 21 is morked or them 18 shows any injury, or ather troumotic event, the

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	TO HOSPITAL OR ATTENDING PHYSICIAL etained by the hospital or ottending ph

STATE OF MARYLAND DEP

ARTMENT	OF HE	ALTH	AND	MENTAL	HYGIENES
CEI	RTIFI	CATE	OF	DEATH	

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1.	FOR - STATE REGISTRAR		DEPARTA		HEALTH AND MENTAL HYG	REG. N	2.	1 1 /	6
	CEASED NAME FIRST		WIDDIE		LAST	2a. DATE OF DEATH	MONTH	DAY YEAR 26	HOUR
(1100	Rev. Arthur		н. ј	Brow	n	August	15,	1984	M
3. SE	X	4 RACE			OF BIRTH	6 AGE (IN YEARS LAST B	RTHDAY)		UNDER 24 HR5
N	Male	Blac	k	MON	3 15 99	8.5	YRS.	MONTHS DAYS H	OURS MIN.
Za B	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.		9 BALTIMORE CITY		TY OF DEATH	
	aryland	U	SA	WIDOW	NED TO NEVER MARRIED TO NORCED TO	Baltimo	re C	ity	MD
	ITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN	IG HOME	OR OTHER INSTITUTION	120 USUAL OCCUPAT	ION	126 KIND OF 8	-
E	Baltimore	5561	Elderon	Ave	nue	(TYPE OF WORK FOR MOST	OF WORKING	LIFE) INDUSTRY	
13a :	AL RESIDENCE LIF NURSING HOME O STATE 136 COU ID		GIVE RESIDENCE BEFORE 134. CITY OR TOW Baltimo	N	13d. INSIDE CITY LIMITS? YES NO	13. STREET ADDRESS 5561 E16	dero	n Ave. 2	1215
14. Fz	ATHER'S NAME FIRST	MIDDLE	LAST		15 MOTHER'S MAIDEN NA	ME		LAST	
	WAS DECEASED EVER IN U.S. A		166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDR	RESS		
	YES, NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES)	705-05-	838	8 Marion Bro	5561 I	7140*	on Aven	
	18 CAUSE OF DEATH (Enter o				of Marion Bro	JWII JJOI I	riger	APPROXIMA BETWEEN ONS	
CERTIFICATION	PART 2 OTHER SIGNIFICANT 190. DATE OF OPERATION	(c) CONDITIONS <u>C</u>		DEATH BU	IT NOT RELATED TO THE TERM	AINAL DISEASE OR CON	20b. IF Y	ES, WERE FINDING	S USED
TER		1				YES NO		TIFYING CAUSES OF	DEATH?
	210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [CAUSE OF DE	ATH HOUR A	DF INJURY m. MONTH DA m.	AY YEAR		RED (ENTER NATURE OF INJ	URY IN ITEM 18	PART) OR PART 2}	
MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE	OF INJURY REET, FACTORY, OFFICE, F		211 LOCATION STREET	CITY OR TO	OWN	COUNTY	STATE
	22a 1 certify that (I) (this hosp saw the deceosed olive or obove, (I) (we) (did), (did in 22b. SIGNATURE 22d PHYSICIAN'S NAME (TYPE Kenneth L.	of) view the body	After death.	at I	DEGREE ATTENDING PHYSICIAN [27e ADDRESS 10219 South	MEDICAL STA	AFF CIAN []	22c. DATE SK 8-13 Owings	
-		7	-						
	BURIAL, CREMATION, REMOVALE BURIAL	236 DATE 8/20	0/84 Ar	but	CEMETERY OR CREMATORY us Memorial	Pk. Arbut	us,	COUNTY	Md STATE

North Aye.

DHMH-16 30M 2/80 (VRA 15, 4)

Wm, C. March F/H

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TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND 3 TO THE PAGE A SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3. RETAIN PAGE TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL. TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE FILED AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIEINE, DIVISION OF VITAL RECORDS, 201 MAITH MORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201

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(VR A15 ME (5)) 20M 4/B2

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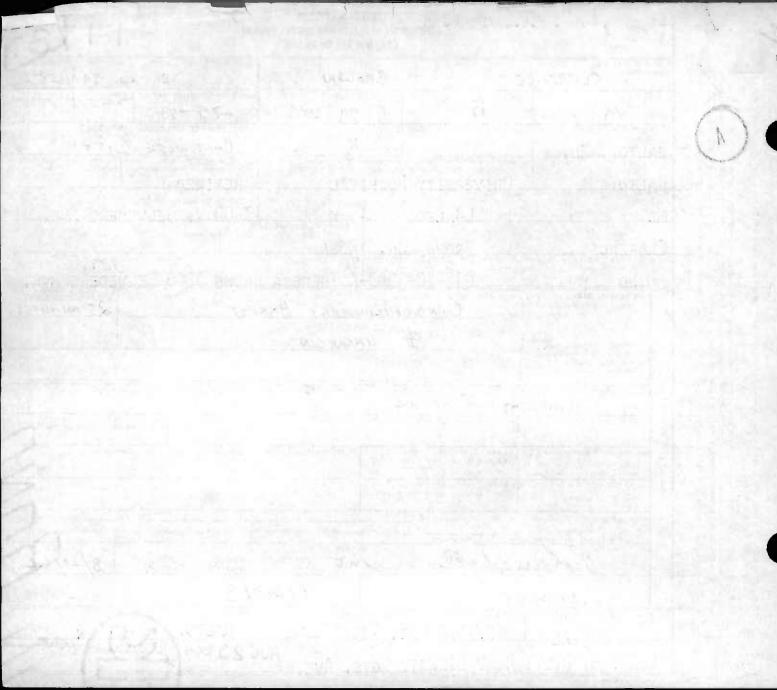
	CONTRINITY	Emmanu	el	C.	Brown		DEAT	H MATED	8/14/		M
3. SE	X 4.1	RACE	S. DATE OF BIRTH	6 AGE (IN YEAR LAST BIRT		DAYS HOURS	ER 24 HRS. 2c DA		MONTH	DAY YEAR	4 HSUR
	M	BIK	9-11-		YRS.		DE	AD		8419	Рм
7a. B	IRTHPLACE (STATE	OR	76. CITIZEN OF W	HAT COUNTRY?	8 MARRIED	NEVER MAR	RRIED BALT	IMORE CITY O	R COUNTY C	OF DEATH	
	M	di	US	A	WIDOWED			ltimore			MD.
10 C	Baltimor		11. NAME OF HOS	ACILITY, GIVE STREET ADDRESS	ME, OR OTHER I	NSTITUTION	170. USUAL OCC		OF WORK 12b.	OR INDUSTR	RY
	AL RESIDENCE (IF I	N NURSING HOME OF	-	INE RESIDENCE BEFORE ADMI	ISSION)	INSIDE CITY LIMITS		11	.0.7	aid is	5+
130 3	Mdi	DA	Himares	DATIM	2R Y	ES NO		BATIM	ILR	mo.	21211
14. F.	ATHER'S NAME		MIDDLE	O LAST	15	MOTHER'S MAN	111	MIDDY	1 1-	LAST	
	2 Fr	LMUR	.(DeoWN			WINR		JONE.	4	
	WAS DECEASED E		WAR OR DATES			INFORMANT	'	ADDRESS	SCOT,		ers po
	VES	L	100 th	216-24	-8820	TAULI	NE NI	JONES	BAL	timile	2
	18 CAUSE OF D			e far (a), (b), and (c).)						APPROXIMATE BETWEEN ONSET	INTERVAL I AND DEATH
	TAKT DEAT	IMMEDIAT	E CAUSE (a)	rterioscler		rdiovaso	<u>cular Dise</u>	eae			
	a 15	4 111	DUE TO, OR	R AS A CONSEQUENC	EOF						
	gave rise	if any, which to immediate	(b)								
	lying cause	ating the <u>under</u> - last.	DUE TO, OR	R AS A CONSEQUENC	E OF						
			(c)								
-				BUT NOT RELATED TO THE T	ERMINAL DISEASE OR	CONDITION GIVEN IN	PART 1 (al.				
MEDICAL CERTIFICATION		betes M									
S	190 DATE OF OF	ERATION	196 CONDI	ITION FOR WHICH OP	ERATION WAS I	EKLOKWED.			1	20 AUTOPSY?	
E	21a EXTERNAL C	ALISE WAS	21b. TIME O	E INTUING	T21- 1/03/	INTERIOR OCCUPA	RED LENTER NATURE OF			YES 🗌	NOX
I CE	UNDERLYING	OR	HOUR A.A	M. MONTH DAY YE		INJURY OCCUR	RED TENTER NATURE OF	INJURY IN ITEM 18 I	PART 1 OR PART 2)		
NCA.	CONTRIBUTING			A. 19 OF INJURY (AT HOME.	21f LOCAT	ION					
MEC	WHILE AT WORK	ORKED TO		CTORY, FARM, ETC.)	STREE		CITY OR	TOWN	COUNTY	۲	STATE
	AT WORK	T WORK									
	22a I certify t	-		scribed above, held an	Autapsy	Inspect	lian X, linqui	ry L an	d in my apinio	an	
	death resulted	fram: Natur	al couses X,	Accident .	Suicide .	Hamicide	· Undetermined	manner,			
	ACTUAL 3	DE	4-			TITLE (SPECIFY)			DATE	0/35/	0.4
1	SKINATURE_	47	1		M.D.	ASSIST	ant MEDICAL EX	AMINER	SIGNED_	8/15/8	84
-	EXAMINER'S NA	ME Cross	com: D I	Lassificana i	. 5	111	1 Dann Ct				
-	(TYPE OR PRINT)			Kauffman, M		DRESS	Penn St.				
23a.E	BURIAL, CREMATIC		36. DATE 7-22-84		N CRM		CITYOR TOWN	1	COUNTY	eef or	TATE
24. F	UNERAL DIRECTO	CA 1 7	01	V121V1	THE CITY		E REC'D. BY REGIST		STRAR'S SIGN	NATURE	
A	litis -	Cames	2/4 ADDRES	Ridserss 1	Add mo	1 411	8 4 5 mg	A Page	Varidana	Randa 22	
VT	00116	11-11-2	11	ストペートルップ	711/0 4/10	HU	O T O MO	1	Indiana.		

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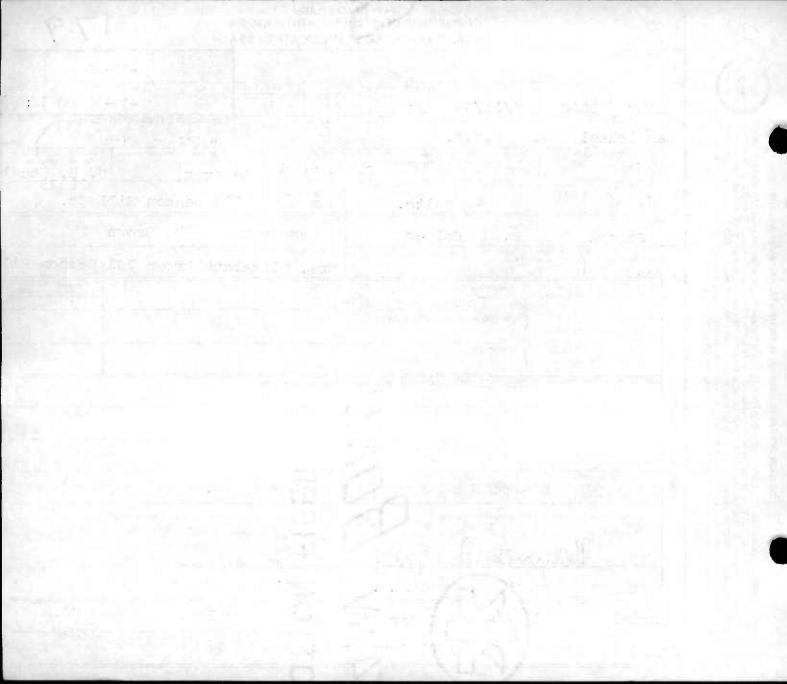
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		JI.	by
		TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4 may he	retained by the haspital or attending physician.
		H	- In
		0	ego
		-	-

	It	ems 5,6 Per. F.: FOR STATE REGISTRAR	H.10/18/84JAB DEPARTN	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE REG. NO	21	178
1		CEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH	MONTH DAY	YEAR 26 HOUR
11	(14hf	CLARENCE	E	BROWN	2	8 20	84 1:55 AM
Z	3. SE.	(RACE	5 DATE OF BIRTH	6-AGE (IN YEARS LAST BIR	THDAY) IF UNDE	R I YEAR IF UNDER 24 HRS
		M	15	8 28 DAY 1906	79	78 yrs	DATA FROMS
1 04		RTHPLACE (STATE OR FOREIGN 7	LOUNTRY?	MARRIED NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY OF DE	ATH
10	BA	U TO. MD.	IISA	WIDOWED DIVORCED	DALTIM		TY MD.
1 20	10 C	TY OR TOWN OF DEATH	 NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET. 	G HOME OR OTHER INSTITUTION ADDRESS)	12a USUAL OCCUPATI		KIND OF BUSINESS OR
20		LTO.		HOSPITAL	RETIRED		
2 126	13a. S	AL RESIDENCE (IF NURSING HOME OR C TATE 13b. COUNT	Y 13c. CITY OR TOW		13e STREET ADDRESS	ZIP CODE	1215
3 5/2	MI		BALTO.	YES NO .	13800 W.	BELVEDE	RE AVE.
1/08	14. FA	THER'S NAME FIRST M	IDDLE LAST	15 MOTHER'S MAIDEN NA	AME		EAST
200	CI	ARENCE	BROWN	JR. ROSA			
medica		VAS DECEASED EVER IN U.S. ARM (ES, NO OR UNKNOWN) (IF YES, GIVE	MED FORCES? 166 SOCIAL SECU	RITY NO. 17. INFORMANT	ADDRI	A	РТ.626
E a		NO	212-10-	9943+A THERESA	BROWN 3801	O BELVE	DERE AVE.
aval.		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	one couse per line for 101, (b1, and	//			BETWEEN ONSET AND DEATH
ever	10	IMMEDIATE	CAUSE (D) CARDIC	PULMONARY HRI	REST	9	25 minutes
corb or or or			DUE TO, OR AS A CONSEQUE	NCE OF			
otion, or troumatic		Conditions, if ony, which	(b) JA	UNKNOWN			
other		couse (o), storing the underlying couse lost.	DUE TO, OR AS A CONSEQUE	NCE OF			
bunal, ry, ar		PART 2 OTHER SIGNIFICANT CO		DEATH BUT NOT RELATED TO THE TERA	MINAL DISEASE OR CON	DITION GIVEN IN	PART Ito
<u>o</u>	0 N	TEMPE	RATURE OF 10	4			
D on y	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?		E FINDINGS USED CAUSES OF DEATH?
shows	E				YES NO	YES 🗌	№ □
188		210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEAT	216. TIME OF INJURY HOUR A.M. MONTH DA	21t HOW INJURY OCCUR	RRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART TO	PART 2)
or Item 18 sh	CAL	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19			
0	MEDICAL	21d INJURY OCCURRED	210. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE F	ARM ETC.) 21f LOCATION STREET	CITY OF TO	IWN CC	DUNIY STATE
arked	2	AT WORK AT WORK					
lealit is mo		22a I certify that (1) (this hospital	ol) ottended the deceosed from		, to		, that (I) (we) last
21		sow the deceased alive on a above, (1) (we) (did) (did not	view the body ofter death.	, and that in (my) (our) opinion	death occurred on the d	ote and hour and t	rom the couses stated
f Hem		226 SIGNATUIII	1 161	DEGREE	11501511		2c. DATE SIGNED
41 4		V-Neu	medy".	MD ATTENDING PHYSICIAN	MEDICAL STA	IAN	8/20/84
NA T		224 PHYSICIAN'S NAME (TYPE OR		22e ADDRESS	mac		1 /
MPORTANT:		ENNE	DY.	UM	11/2		
with the	23a	SURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	23d. LOCATION	▶ 6.1 COUR	NIY STATE
111111			8/23/84 M		BALTO.		
A 4/B3		INERAL DIRECTOR TAL	F 1.COO 1 T ADDRESS	250 PA	16 2 3 1964 AR	The seasons	Siden House of
4)		EROY C. DYETT	4600 LIBERTY	HGTS. AVE.		/	
	The Party of the P						



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STATE OF MARYLAND



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		STATE OF MARYLAND
۱ -	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE (CERTIFICATE OF DEATH

ı						SIAII	E OF MARYLAND		45		20 /1	4
	1 -	FOR STATE REGISTRAR			DEP		EALTH AND MENTAL HYG	IENE 8 4	2	8	8 0	
ı	1 DE	CEASED NAME	FIRST		AIDDLE		AST	REG. NO		YEAR	26 HOUR	_
1		OR PRINT						TO DATE OF DEATH		1,544	ZB HOOK	
ı	_		Her		С.		Brown	08/17/		DER I YEAR	8:3	
ı	3. SEX			RACE		5. DATE C	DAY YEAR	6. AGE (IN YEARS LAST BIRTH	MONTHS			AIN,
	-	MALE		WHIT			E 20, 1907	77	YRS			
ı	7a Bi	RTHPLACE (STATE OR F	OREIGN	L CITIZEN OF	WHAT COUN	MARRIEI	XXIEVER MARRIED	9 BALTIMORE CITY OR	COUNTY OF D	EATH		
		MARYLAND		USA		WIDOWE	D DIVORCED	Baltimor	e City			MD
	10 CI	ITY OR TOWN OF DEA	TH			URSING HOME C	R OTHER INSTITUTION	170 USUAL OCCUPATIO		L KIND O	OF BUSINESS	OR
ı	В	altimore				s Hopki	ns Hospital				JRANCE	
1		AL RESIDENCE (IF NURS	ING HOME OR		GIVE RESIDENCE		136 INSIDE CITY LIMITS?	13e STREET ADDRESS /	ZIR CODE			
I		MARYLAND	130 00014			TIMORE	YES NO	2406 SHELLI)R.	#2120	Q
1	_	THER'S NAME					15 MOTHER'S MAIDEN NA	ME	DIDITED L			
	7	LOUIS	٨	NIDDLE	BROWN		LENA	MIDDLE	GC	DLD BE		
1		VAS DECEASED EVER	IN U.S. ARA	AED FORCES?		SECURITY NO.		S. SHIRLEY RES			ino	
Ì	- 0	YES, NO OR UNKNOWN)		- ARMY	212 1	0-2457A		YDALE DR. BA		MD	21200	
							2400 SHELLE	IDALE DK. DI	ALIO., N		21209	_
		18. CAUSE OF DEAT PART I. DEATH W	AS CAUSED	BY		b), and ic			-	BETWEEN		TH
			IMMEDIATI	CAUSE (o)	THOOPS	MSUN			-	70	win	
				DUE TO, OF	AS A CON	SEQUENCE OF				17	1.	
i		Conditions, if any, gove rise to imm		(b)	2400/6	6				<u></u>	day	>-
		cause (o), statin	g the	DUE TO, OF	R AS A CONS	SEQUENCE OF					1	k.
		onderlying cause	TUST.	((c)								
	7	PART 2 OTHER SIGN	VIFICANT C	ONDITIONS CO	NTRIBUTING	G TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR COND	ITION GIVEN IN	PART 10	O .	
	9			Scardio	141	parction						
	CERTIFICATION	190 DATE OF OPERA	ION	196 CONDI	TION FOR W	HICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	10b. IF YES, WER IN CERTIFYING			
	Ħ							YES NO	YES 🗌		NO 🗆	
		710. ACCIDENT WAS UND	langua de la companya	21b. TIME O	FINJURY M. MONTH	H DAY YEAR	216 HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY	IN ITEM IS PART TO	R PART 2)		
	CAL	LIF EITHER NOTIFY MEDI		P./		19						
ĺ	MEDICAL	214 INJURY OCCUR	RED	71e PLACE		FFICE, FARM ETC.)	211 LOCATION STREET	CITY OR TOW	M C	OUNTY	STATI	E
	Σ	AT WORK AT WO	RK	(ATTIONE STA	EET PACTORY O	FFR.E. PARM EIC				. /		
		22a certify that (I)	(this hospit	al) attended the	e deceased f	ram 8/15	1984	. ta 3/1)	. 19	4	that (I) (we)	last
		saw the decease abave, (1) (we) (c	ed alive an	S 13	after death	19 SY ar	nd that in (my) (aur) apinion	death accurred on the dat	te and hour and	fram the	couses states	Ь
		220 SIGNATURE	ala (Gia Hai	view the budy	aller death.		PEGREE		1	2 DATE	SIGNED	
		DW 11	LALL			W	ATTENDING PHYSICIAN	MEDICAL STAFF		4/10	1/84	
	1	22d. PHYSICIAN'S NA	AME (TYPE OF	PRINT)			22e ADDRESS		- Ca			
		David 1	Jours	W Low			Johns Hookin	· Hospital.	Balt, M	J. 1	20515	name of the last
	23n F	BURIAL, CREMATION,	REMOVAL	123h DATE	<u> </u>	23c NAME OF C	EMETERY OR CREMATORY	23d LOCATION				_
		SPECIFY) BURIAL	LINOTAL	AUG.19	,1984	BETH TF		BALTIMO	RE COU	MARY	LAND	É
				1	-							

DHMH - 16 50M 4/83 (VRA 15, 4)

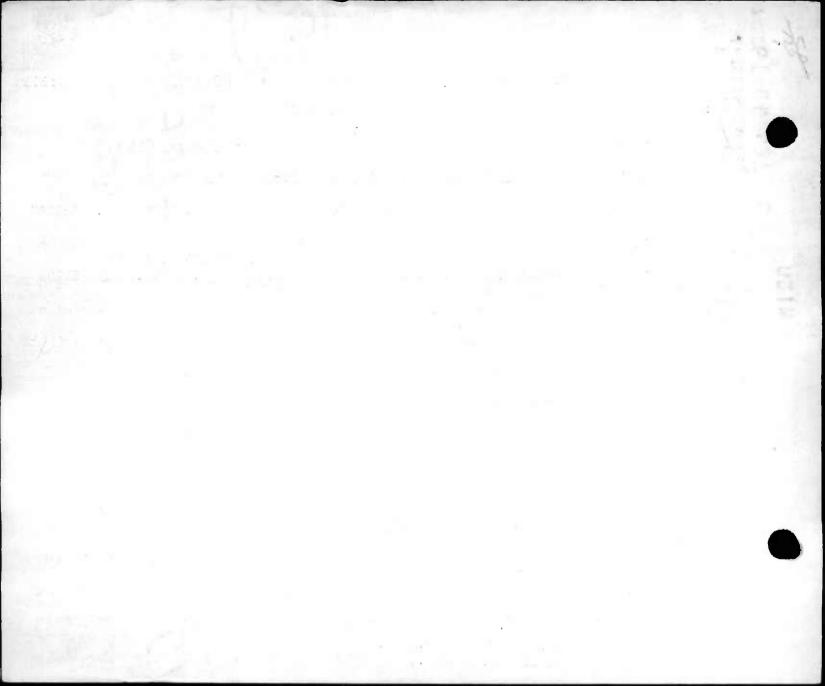
TO FUNERAL DIRECTOR

IMPORTANT: If hem 21 is should be detoched

> BETH TFILOH SOL LEVINSON & BROS., INC. 24 FUNERAL DIRECTOR

AUG 2 1 1984 Julia Davidson-Randell

BALTO., MD 21215 6010 REISTERSTOWN RD.



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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250 PAU PECD. BY REGISTRAR'S SIGNATURE NAME

-	25	1 -	STATI
, B;			OR PRINT
		3. SE)	

completely filled in by the funeral director. I and 2 should be filed within 72 hours oft ner must be notified at once. medicol exami TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and corshalo be detached for use as the buriol-transit permit. Then please remove carbompopers. Pages 1, with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

MAPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the medical is the contraction of the contraction.

etoined by the hospital DHMH - 16 50M 4/83 (VRA 15, 4)

ATTENDING

		REGISTRAR				CERTII	FICALE OF	DEATH	RE	G. NO.			
	I. DE	CEASED NAME	FIRST		MIDDLE		LAST		20. DATE OF DEA		th f	DAY YEAR	2b. HOUR
	(TYPE	E OR PRINT)	Joseph		Wesley		Brown			8	2	1984	
	3. SE	X	ообср	4 RACE	y	5. DATE	OF BIRTH		6 AGE (IN YEARS L		0	IF UNDER I YEAR	
		Male		100	Black	MONT 1	H 03	1905	79		YRS	MONTHS! DAYS	HOURS MIN.
		IRTHPLACE ISTA	ITE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8.	- D NEVER	MARRIED -	9 BALTIMORE C	ITY OR CO	YTAUC	OF DEATH	
5		COUNTRY) Marvland		U. S	. A.	WIDOW		OVORCED	Baltim	ore C	ity	,	MD.
0	10. CI	ITY OR TOWN O		11. NAME OF H	HOSPITAL, NURSIN HEACILITY, GIVE STREET INT GOORG	address)	enue	STITUTION	120 USUAL OCCI	MOST OF WOR		126 KIND C INDUSTRY IN POS	t Office
1	USU. 13e. S	AL RESIDENCE (F NURSING HOME OF		GIVE RESIDENCE BEFORE			CITY LIMITS?	13e.STREET ADDR	RESS / ZIP	con	527 Sa	int Georg
5	N	Maryland			Baltimo	ore	YES 🔀	NO 🗌	Ave. Ba				and 21212
0	14. FA	Josep	h	Henry	Brown		5/2	R'S MAIDEN NA FIRST Mary	MIC				liam
		WAS DECEASED		MED FORCES?	166 SOCIAL SECU	IRITY NO.	17. INFORM	MANT	4527	DEREST	it G	eorge /	Avenue
		No.			216-44-2	2896	Hilda	B. Brow				arylan	d 21212
		18 CAUSE OF	DEATH (Enter or	nly one couse per	line for (a), (b), on	d (ch)	1			./		BETWEEN	ONSET AND DEATH
		PART I. DEA	TH WAS CAUSE	E CAUSE (o)	can	cert	11.1	20mes	ens in	th		2	-upra
		E SOUT		DUE TO O	R AS A CONSEQUI	FNCEON	2 6/1/2	train					
		Conditions, if	ony, which	(1b)	NON CONSECUTION		Course						
		gove rise to			R AS A CONSEQUE	ENICE OF							
			couse lost.	(Ic)	AS A CONSEQUI	EINCE OI						1500	
		PART 2. OTHER	SIGNIFICANT		ONTRIBUTING TO	DEATH BU	T NOT RELATE	D TO THE TERM	AINAL DISEASE OR	CONDITIO	ON GIV	'EN IN PART 11	10
	CERTIFICATION						1	lone					
a	Y	19a DATE OF O	PERATION	196. COND	TION FOR WHICH	OPERATIO	N WAS PERF	ORMED	20a AUTOPSY			, WERE FIND	
7	E	30.0							YES NO	_		S [NO [
0	18	210. ACCIDENT W		216. TIME O		.v. WE . B		INJURY OCCUR	RED (ENTER NATURE	OF INJURY IN I	ITEM 18 P	ART I OR PART 2)	
7			G CAUSE OF OE	KIN	M. MONTH D	AY YEAR							
-	MEDICAL	21d. INJURY OC		21e. PLACE	OF INJURY		211. LOCA		-	ORTOWN		COUNTY	STATE
	×	WHILE D	NOT WHILE	(AT HOME, STE	REET, FACTORY, OFFICE, F	FARM, ETC)	STRE	ET.	CII	OKTOWN		COUNTY	STATE
				ital) attended th	e deceased from_		100	19.80	10 At	4	3	1904	that (1) (we) last
			eceased alive or	ot) view the body		54.	nd that in (m	y) (our) opinion	death occurred on	the date o	ind hou	ond from the	couses stated
		226. SIGNATUR		/ view the body	der dedin.		DEGREE					22c. DATE	SIGNED
			Th	show	Serrein	m	0	ATTENDING PHYSICIAN	MEDICAL DIRECTOR P	STAFF		8/3	180
	1	22d. PHYSICIAN	I'S NAME (TYPE	OR PRINT)			22e. ADDR	ESS			0 -		0
		A	BRAHA	m Gi	NECIN	mil	6	11 8K	ex out	. 8	AZ	-G	121201
		BURIAL, CREMAT	ION, REMOVAL	23b. DATE	23c. I	NAME OF	CEMETERY O	RCREMATORY	23d LOCATION			COUNTY	STATE
		(SPECIFY) Bur	cial	8/6/19	984 Ar	butus	Memor	ial Cem			alti		Maryland
	24	luttere			ynns Fal		rkway		REC'D. BY REON				

Puneral Home Inc. Baltimore, Maryland 21216

BC 1984	1.0.7	l wealey o	Joseph
	goer co	Black 1	Male
Haltlagge City / H	X	V. 5. A.	ervlend
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Ave. Balthord, thry lend 2121		d Baltimore b	ou vilia
entified.		Hinry Eron	Joseph
ASS7 Salmt George Avenue n Baltkoore, Morrylond (1210a	tota .4 elli	218-44-2886	•0.1
)	-		
		Total Control of the	

Surial 9/5/1984 And Westin Dec. Inteler Sons 2501 Gayons wills rarious Luncial Home Int. Editions, Maryland 21/16

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TO FUNERAL DIRECTOR, after this certificate has been signed by the attending physician and completely filled in by the funeral should be detached for use as the burial-transit permit. Then please remave carbonpopers. Pages 1 and 2 shauld be filled within 72 th with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. [MPORTANT: If Nem 21 is marked or Nem 18 shows any injury, or other traumatic event, the medical examine finust be notified at ance within 24 hours after death. DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 ATTENDING PHYSICIAN: The low requires that offending physician.

STATE OF MARYLAND

FOR STATE REGISTRAR	DEPAI	RTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	HYGIENE O REG. NO.	1 6 2
1. DECEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
{TYPE OR PRINT}	1 -	Brand	0172 /21	1 GLSA
NAI	16	Prown	0 0 3 8	IF UNDER LYEAR IF UNDER 24 HRS
3. SEX	4. RACE	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
T-	13	04 17 97	87 YRS	
70 BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTE	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNT	TY OF DEATH
REVUELS GA.	USA	WIDOWED DIVORCED	□ Balto. €	ALCO ME
10. CITY OR TOWN OF DEATH		SING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	126. KIND OF BUSINESS OR
BaLto	Deaton	lusing Home	(TYPE OF WORK FOR MOST OF WORKING	INDUSTRY
USUAL RESIDENCE HE NURSING HOME 130. STATE 136. COL				21216
Md	BALTO	YES NO		MOUNT AVE
14. FATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN	NAME MIDDLE	Z LAST
Same	Knis	ht Henry	ella	1.01
160 WAS DECEASED EVER IN U.S.	ARMED FORCES? 166 SOCIAL SE	CURITY NO. 17. INFORMANT	ADDRESS	
(YES, NO OR UNKNOWN) (IF YES, C	GIVE WAR OR DATES) 217-2	2-3834A ClarA	Mayth 2514	Ellamount
	anly one couse per fine far (a), (b),	and (cs.)	1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUS	SED BY: ATE CAUSE (0)	1'5'		
MAKEDI	ATE CHOOL (O)		,	
Conditions if any high	DUE TO, OR AS A CONSEC	SUENCE OF OILE	2) hays	
Canditions, if any, which gave rise to immediate	(b) 0 5T	as species		
cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSE	DUENCE OF	0. 0. 8-	4
	((c) 5 kebens	up seemal and	(c) sup decide	1.31
	T CONDITIONS CONTRIBUTING 1	TO DEATH BUT NOT RELATED TO THE T	ERMINAL DISEASE OR CONDITION G	IVEN IN PART Ha
	/A E (- · · · · · · · · · · · · · · · · · · ·	riser	
19a DATE OF OPERATION 21a ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHI	CHOPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF Y	ES, WERE FINDINGS USED TIFYING CAUSES OF DEATH?
£ 1	1 10			YES \\ \ NO \\
210. ACCIDENT WAS UNDERLYING		21c. HOW INJURY OC	CURRED (ENTER NATURE OF INJURY IN ITEM IS	PART 1 OR PART 2)
THE EITHER NOTHEY MEDICAL EXAMINED	P.M.	211 LOCATION		
WHILE NOT WHILE	AT HOME, STREET, FACTORY, OFFI		CITY OR TOWN	COUNTY STATE
AT WORK				
22a I certify that (I) (this has	ipital) attended the deceased fra	m 6/1 19	8cc, to \$123	, 19, that (I) (we) los
saw the deceased alive a	nat) view the body ofter death.	ond that in (my) (aur) api	nian death occurred an the date and ho	our and fram the causes stated
22b. SIGNATURE	NOT VIEW THE BODY OTHER GEOTH.	DEGREE		22c. DATE SIGNED
Clenton	W Doming	ATTENDIN PHYSICIA		8/23/84
224. PHYSICIAN'S NAME (TYP	E OR PRINT)	22e ADDRESS		
Blown. 1	JAN UTS	611	S. Chartes ST	
THE TIME O	9 0		3,	
230 BURIAL CREMATION REMOVE	AL 23b. DATE 2	3c. NAME OF CEMETERY OR CREMATO	23d. LOCATION	COUNTY M STATE
Demine	8128184	MIP Nate Memi	L saukel	0116.

DHMH - 16 50M 4/82 (VRA 15, 4)

etained by the haspital or

BP.

AUG 2 4 1984 Film Minister August 1984

THE PROPERTY OF THE PARTY OF TH and D Holly while the way you a complete when the MICH V

	П			STATE OF MARYLAND	GENERAL STREET	
~	1.	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH		6 1 1 8 7
5		CEASED NAME FIRST	ER MIDDLE	BROWN	REG. NO.	THE DAY YEAR 25 HOUSE
- 2	3 SE	as 2	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDA	Y) IF UNDER 1 YEAR IF UNIT TO HELD MONTHS DAYS HOURS MIN.
10		IRTHPLACE (STATE OR FOREIGN COUNTRY)	75 CITIZEN OF WHAT COUNTRY?	MARRIED A NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OR CO	one city MD.
100	13	sirinard	PROUDE A	ur Hespital	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO	
35	USU, 13a S	AL RESIDENCE (IF NURSING HOME OR STATE 13b COUN	OTHER INSTITUTION GIVE RESIDENCE BEFOR	VN 134 INSIDE CITY LIMITS?	130 STREET ADDRESS	MAN CT
examine O	0	0	MIDDLE WAS LAST	15. MOTHER'S MAIDEN NA	ME	LAST
e medicol		VAS DECEASED EVER IN U.S. AR YES NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 166 SOCIAL SECTION OF THE PROPERTY		2010000	wors ville Sc
ic event, th		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	D BY:	CAROLAI	INTAR	APPROXIMATE INTERVAL ONSET AND DEATH
ther traumot		Conditions, if ony, which gove rise to immediate cause to stating the underlying couse last.	DUE TO OR AS ALEGISEDU	bral Lew	ORRMA	3/4
njury, or o	NO	PART 2 OTHER SIGNIFICANT C	CONDITIONS CONTENTIONS TO	DEATH BUT NOT RELATED TO THE TERM	AL DISEASE OR CONDITIO	DN GIVEN IN PART 1(0
9 ony	CERTIFICATION	1% DATE OF OPERATION	1% CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY? 20i	LIF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO NO
Hem 18 sh	MEDICAL CER	716 ACCIDENT WAS UNDERLYING ☐ ON CONTRIBUTING ☐ CAUSE OF DEA IN EXAMINED.	HOUR A.M. MONTH D	AY TEAR 19	RED (ENTER NATURE OF INJURY IN	TEM 18 PART OR PART 2}
	MED	214 INJURY OCCURRED	21e, PLACE OF INJURY IAI HOW STREET PACTORY, ONICE, I	PAPM ETC / 2H EDCATION	o Aliv	COUNTY STATE
		27s I certify that (II (this hospit saw the deceased alive on obser/(II (we) (did) (did no	X/14	and that in (my) (our) opinion of	death occurred an the date o	nd hour and from the causes stated
-		f here	home	DEGREE STENDINGS PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	DATESIGNED
MPORTANT:		PAT WITH	11 AMS	\$200 E	EDMONOS	ON AVE

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician.

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physicion and completely filled in by should be detached for use as the buriol-transit permit. Then please remave carbon papers. Pages 1 and 2 should be till with the State Dept of Health and Mental Hygiene prior to burial, cremation, or remaval.

230 BURIAL, CREMATION, REMOVAL 23b. DAJE 23c. NAME OF CEMETERY OR CREMATORY PLOT 24 FUNERAL DIRECTOR 4 55 638N CRESS/MOR 54 25a DA

LAURINGURE WELL

Sa DATERÉC'D. BY REGISTRAR 256, JEGISTRAB'S-SIGNATUR

CARTERIAL COLD Butter was the war and willed the come france from MYOCHPOIRT INTRECTION Coloral Lemocraphan KN Conservan 15-7/12-06-11/8-27 THE KNOW SUDDESONOUS ON THE Province Playte Famey March Land against

STATE OF MARYLAND

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	e death certificate be executed within 24 hours after death. Page 4	e attending physician and complerely filled in by the funeral director.
	deoth	offend
	dis	41

injury, ar ather traumotic event, the medical exam TO FUNERAL DIRECTOR. After this certificate has been signed by the attenshould be detached for use as the buriol-transit permit. Then please remove cwith the State Dept. of Health and Mental Hygiene prior to burial, cremation, IMPORTANT: If Hem 21 is marked or Item 18 shows any injury, or other traum.

OR ATTENDING BP

DHMH - 16 50M 4/83 (VRA 15, 4)

FOR STATE REGISTRAR			DEPARTA		EALTH AND MENTAL HYG ICATE OF DEATH	REG.	NO.		Š	8 4
1 DECEASED NAME	FIRST		NIDDLE	ł	AST .	2a. DATE OF DEATH	MONTH	VAC	YEAR	2b. HOUR
(TTPE OR PRINT)	LORRAINE	: A	UGUSTA	BI	ROWN		8	26	84	200
3. SEX	4.	RACE		5. DATE C		6. AGE IN YEARS LAST	BIRTHDAY)	IF UNI	DER TYEAR	IF UNDER 24 HRS
Fema.	le	B	LACK	4	11 1929	55	YR:			
Ta, BIRTHPLACE (S COUNTRY) MARYLANI			S. A.	MARRIE WIDOWE	D NEVER MARRIED DIVORCED	9. BALTIMORE CITY BALTIMORE			DEATH	M
CITY OR TOWN BALTIMO		(IF NOT IN SUC	H FACILITY, GIVE STREET	ADDRESS)	OR OTHER INSTITUTION	12a. USUAL OCCUPA 11YPE OF WORK FOR MOS	T OF WORKING		L KIND C	F BUSINESS O
	(IF NURSING HOME OR O		UTH MT. (LANE	HOMEMAKER		C	Mt. (HOME
MARYLAND	113b COUNT		13c. CITY OR TOW BALTIMOS	N	13d. INSIDE CITY LIMITS? YES NO	13. STREET ADDRESS Baltimore	y ZIP Co	ryla:		21229
I. FATHER'S NAME	MI	DDLE	LAS1		15. MOTHER'S MAIDEN NA	ME MIDDLE			EAS	.1
Douglas		Jenso				2239000			Rogers OLIVET LANE	
WAS DECEASE (YES, NO OR UNKNO NO	D EVER IN U.S. ARM DWN) IIF YES, GIVE Y	ED FORCES? WAR OR DATES)	215-24-8		Timothy Brown					LANE 21229
gove rise couse (o),	PARTI. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Metastatic Carcinoma stomach DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), staffing the underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF									
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 INTERSTMAL OBSTRUCTION									
MTCST 19a DATE OF	1.110010100			OPERATIO	N WAS PERFORMED	20a AUTOPSY?				NGS USED OF DEATH?
	WAS UNDERLYING DEATH	CAUSE OF DEATH HOUR A.M. MONTH DA			21c. HOW INJURY OCCUR	RED (ENTER NATURE OF IN	IJURY IN ITEM	IS PARI I	OR PART ?)	
¥							IOWN		COUNTY	STATE
sow the	that (1) (this hospital deceased alive on_ ((we) (did) (did nat)		19		nd that in (my) (our) opinion		dote and			that (I) (we) la couses stated
77% SKGMATI		1		V	DEGREE ATTENDING PHYSICIAN	MEDICAL S'	TAFF SICIAN []		22c. DATE	z 8/8

8/31/1984

23¢ NAME OF CEMETERY OR CREMATORY Western Star Cemetery

22e ADDRESS

23d LOCATION CITY OR TOWN

COUNTY Baltimore, Marylan

Nutter & Sons 2501 Gwynns Falls Parkway Funeral Home Inc. Baltimore, Maryland 21216

23b. DATE

230 BURIAL, CREMATION, REMOVAL

Burial

(SPECIFY)

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE AUG & 9 1484 9 1984

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8 26 B1		. 5	METERN	SEEME	
35	1929				-=-1
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ENTERNOL MERITAN 21829	uman Angel				91.

Baltierore, Tankland

noter a Sons 1901 Cayung Fulls Parkeny I nerel how inc. Bilthrore, Leriand 22 10

	1.00	STATE FILM# G-7 REGISTRAR CEASED NAME FIRST		DOLF ROME	CERTIFICATE (F DEATH	REG.	NO.	YEAR 21	HOUR
		OR PRINT)	MIL)DLE			26 DATE OF DEATH	8 31	84	125
		ORI			BROWN		6 AGE (IN YEARS LAST)			UNDER 24 H
	3. SE	(4. RACE INDI	AN	MONTH D					OURS M
	7- 01	Male	76 CITIZEN OF W	LIAT COLLAITBY2 8	Nov. 16.		9 BALTIMORE CITY	YRS.	E DEATH	
213	/a. B	RTHPLACE (STATE OR FOREIGN			MARRIED NEV			_	PUEATH	
0	10 C	California ITY OR TOWN OF DEATH	U.S.	A. V	WIDO WED		BALTIMORE 120 USUAL OCCUPA		12b KIND OF B	LISINESS
11/4			(IF NOT IN SUCH	FACILITY, GIVE STREET ADD	DRESS)		(TYPE OF WORK FOR MOS	OF WORKING LIFE)	INDUSTRY	
2		LTIMORE CITY AL RESIDENCE (IF NURSING HOME		EMORIAL HO			Body & F	ender R	pair	
野石	13a S	STATE 13b CC		Baltimor	134 INSI		13e STREET ADDRESS	ZIP CODE	2121	A
E) -	_	Md . ATHER'S NAME		Baltimor	-	HER'S MAIDEN NAM		rode Ave	E. 2121	+
acc		CYRUS Siles	MIDDLE	Brown		lice	M .		Still	וופש
		VAS DECEASED EVER IN U.S.	ARMED FORCES? 1	6b SOCIAL SECURIT			277	RESS	0 0111	TETT
medico	(YES, NO OR UNKNOWN) (IF YES	WW II	571-03-01	18A Ch	arlotte A	. Brown S	ame as	13 E	
‡.		18 CAUSE OF DEATH (Enter	r only one couse per li	ne lor (o), (b), and (c				APPROXIMA BETWEEN ONS	E INTERVA
vent		PART I. DE ATH WAS CAU	USED BY:	espiratory	arrest				301	nin
ofice			DUE TO, OR	AS A CONSEQUEN	CE OF				11	
E O O		Conditions, il ony, which (b) CVA							40	acp
othert		gove rise to immediate couse (a), stating the underlying couse last		as a consequent	ceoflation				3	lar
۲, ٥		PART 2 OTHER SIGNIFICAN	NT CONDITIONS CON	TRIBUTING TO DE	ATH BUT NOT REL	ATED TO THE TERM	IN AL DISE ASE OR CO	ndition given	IN PART ITO	,
2	o N	pneumonio								
6	CERTIFICATION	190 DATE OF OPERATION	196 CONDIT	ION FOR WHICH OF	PERATION WAS PE	RFORMED	200 AUTOPSY?		WERE FINDING NG CAUSES OI	
0	RIF						YES NO	YES		ИО 🗌
o smoon	8	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF		INJURY MONTH DAY	YEAR ZIC HO	N INJURY OCCURR	ED (ENTER MATURE OF IN	JURY IN ITEM 18 PART	OR PART 2)	
18 shows	and .	(IF EITHER NOTIFY MEDICAL EXAM			19					
Item 18 shows	ICAL			VOLULIAL 3		ATION				STA
18 shows	MEDICAL	21d INJURY OCCURRED	21e PLACE O	F INJURY	211 LOC	ATION	(ITY OR	TOWN	COUNTY	
Item 18 shows	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE O	ET FACTORY OFFICE FARA	211 LOC	ATION	CITY OR	TOWN	81	
Item 18 shows	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK 22a I certify that (I) (this ha	21e PLACE O	deceased from	211 LOC	. 19.84	to 8	31 19	84, the	t (I) (we
Item 18 shows	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE O	deceased from	211 LOC	. 19.84		31 19	84, the	ises state
If Nem 21 is morked or Item 18 shows	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK 27a certify that (1) (the has say the deceased office of order (1) (well of order) (did office)	21e PLACE O	deceased from	METC) 211 LOC	My Jour) opinion o	to 8 death accurred on the	3) 19 date and hour o	nd from the cou	ises state
if hem 21 is morked or Item 18 shows	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK 27a certify that (1) (the has say the deceased office of order (1) (well of order) (did office)	21e PLACE O LAT HOME STREE OSSINTO OF ONE STREE ON 8 3 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	deceosed from 19 8	METC) 211 LOC	19 8 4 my Jour) opinion of ATTENDING PHYSICIAN	tototototo	3) 19 date and hour o	nd from the cou	ises state
If Nem 21 is morked or Item 18 shows	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE STORM AT WORK 22a I certify that (I) (II) to be sow the deceased office obove (I) (Met faile) (die 22b SIGNATURE 22d PHYSICIAL S NAME (IV	21e PLACE O (AT HOME STREE OSPITO) oftended the on 8131 d not) view the body of the property of the poly of the property of the poly of the property of the poly o	deceosed from 19	B 23 W. ond that is DEGREE M 22e ADI	19 8 4 (my) our) opinion of ATTENDING PHYSICIAN DRESS	to Beath occurred on the	date and hour o	nd from the cou	ses state
PORTANT: If Rem 21 is morked or Item 18 shows		21d INJURY OCCURRED WHILE NOT WHILE AT WORK 27a I certify that (I) (the he source (I) (well (id)) (die obove (I) (well (id)) (die 22b SIGNATURE 27d PHYSICIAT'S NAME (IV) MARGARET M.	21e PLACE O (AT HOME STREE OSSITO) ottended the on 8131 of not) view the body of the OR PRINT)	deceosed from 19 S	DEGREE 177e ADI	ATTENDING PHYSICIAN DRESS	to 8 death accurred on the MEDICAL SI DIRECTOR PHYS AI. HOSPITA 1334 LOCATION	dote and hour o	84, the	SNED
if them 21 is marked or Item 18 shows	230.	21d INJURY OCCURRED WHILE NOT WHILE AT WORK 12a I certify that (I) (the he source) (I) (we (did) (did) 22b SIGNATURE 22d PHYSICIAL S NAME (IV MARGARET M SURIAL, CREMATION, REMOVES	21e PLACE O (AI HOME STREE DOSPITO) ottended the on 831 Anot) view the body of THE OR PRINT) PAUGHAN M. AL 23b. DATE	deceosed from 19 Ster death. 23(, NA.	DEGREE 27e ADI ME OF CEMETERY	ATTENDING PHYSICIAN DRESS ON MEMORY OR CREMATORY	to death occurred on the MEDICAL ST DIRECTOR PHYS	dote and hour o	27, the country	STA
If Hem 21 is morked or Item 18 shows	23e. I	21d INJURY OCCURRED WHILE NOT WHILE AT WORK 120 I certify that (I) (this has sow the deceased allow obove (II) Juve (did) (did) 22b SIGNATURE 22d PHYSICIA 'S NAME (IV) MARGARET M SURIAL, CREMATION, REMOV	21e PLACE O (AI HOME STREE DOSPITO) ottended the on 831 A not) view the body of THE OR PRINT) AUGHAN M. AL 23b. DATE	deceosed from 19 Ster death. 23(, NA.	DEGREE 177e ADI	ATTENDING PHYSICIAN DRESS ON MEMORY OR CREMATORY	to 8 death accurred on the MEDICAL SI DIRECTOR PHYS AI. HOSPITA 1334 LOCATION	dote and hour o	27, the country	STA

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" and a great time" on the desired to give a most in-

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requires that the death certificate be

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the funeral dishould be detached for use as the burial-transit permit. Then please remove carbon pages 1 and 2 should be filed within 72 hawith the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

injury, or other traumatic event, the medical examin

IMPORTANT, If hem 21 is marked or hem 18 shows any

executed within 24 hours after death. Page 4 may be

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

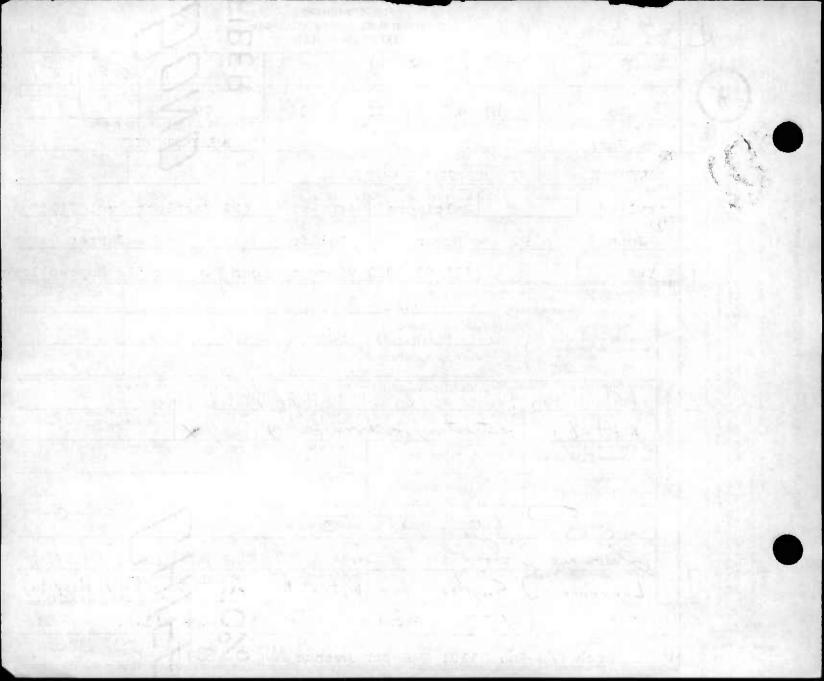
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1 -	STATE REGISTRAR		DEFARIA		ICATE OF DEATH	REG. NO.	iii 5		0 0
	CEASED NAME VINCENT	Paschal'	V. B	cown)	own	20 DATE OF DEATH MONTH	20 20	VEAR 84	1:40 PM
3. SE	X	4. RACE		5. DATE C		6 AGE (IN YEARS LAST BIRTHDAY)	# UN	DER TYEAR	IF UNDER 24 HRS
	male	bla	ack	1 2		79 v	RS.	15 DATS	HOURS MIN.
	RTHPLACE (STATE OR FOREIGN				NEVER MARRIED	9 BALTIMORE CITY OR COU		DEATH	
	lew York	U.S.	Δ.	WIDOWE		BALTIMORE	CITY	,	MD.
	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME OR				120 USUAL OCCUPATION	OF BUSINESS OR		
	BALTIMORE	UNION M	EMORIAL I	HOSPIT	TAL	TYPE OF WORK FOR MOST OF WORK	NG (IFE) IN	NDUSTRY	
130 5	AL RESIDENCE (# NURSING HOME C TATE 136 COU		13c CITY OR TOW	N	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP C			21210
_	ryland		Baltimo	ore	YES NO 15. MOTHER'S MAIDEN NA	622 Bartle	CT A	ve.	21218
14. 17	John	P.	Brown		Callie	WIDDIE	C	Carte	er
	VAS DECEASED EVER IN U.S. A		166 SOCIAL SECU	RITY NO.	17. INFORMANT	ADDRESS		Free	
(YES, NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES)	131-01-	-6263	Vincent B	rown P.O.Box	513	Ho	pewell.V
	18. CAUSE OF DEATH (Enter of PART 1. DEATH WAS CAUS	only one couse per ED BY: ATE CAUSE (o)			Arrest				CMATE INTERVAL ONSET AND DEATH
MEDICAL CERTIFICATION	Conditions, if ony, which gove rise to immediate cause ial, stating the underlying cause last. PART 2 OTHER SIGNIFICANT MANUTY TO 19a DATE OF OPERATION 2 144 Q11	CONDITIONS CO	NAS A CONSEQUE	DEATH BUT	NOT RELATED TO THE TERM	INCI	F YES, WE	RE FINDI	NGS USED S OF DEATH?
AL CERTI	OR CONTRIBUTING CAUSE OF D	218. ACCIDENT WAS UNDERLYING			71c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITE	YES	OR PART 2}	NO [
MEDIC	(IF EITHER NOTEY MEDICAL EXAMIN 714 INJURY OCCURRED WHILE NOT WHILE AT WORK	M. OF INJURY EET, FACTORY, OFFICE, F	19 711. LOCATION COL				COUNTY	STATE	
	22n I certify that (I) this has sow the deceased alive a above (D) (we (did) (did n	5/11	1	84.0		to 8/20 death occurred on the date and	, 19		that (1) (we) last couses stated
	27h. SIGNATURE awrence	980	rder			MEDICAL STAFF DIRECTOR PHYSICIAN		224 DATE	36 84
	Lawrence	1	yder		Dept. of Med	MEMORIAL (HOSP)	JAIN SO	y. f	tospital
	BURIAL, CREMATION, REMOVA	236. DATE 8/27	/84 G	arri:	son forest	VA Owings Mi	11s°,	UNITY	Ma".
24 F WI	uneral director n C March F/1	H Inc.	1101 E	Nort	h Avenue Al	IG 2 3 1984	GISTRAR!	S SIGNAT	TURE

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

etoined by the hospital or attending physician. OR ATTENDING PHYSICIAN:



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

20M 4/B2

requires that the death certificate be executed within 24 hours after death.

OR ATTENDING PHYSICIAN: The law

TO HOSPITAL

CTATE OF MADVIAND

	SIMIE	OF MA	WILM	U	
DEPARTMEN	T OF HI	ALTH !	AND ME	NTAL	HYGIENE
C	ERTIFI	CATE	OF DE	ATH	

8 4 2 1 1

1	REGISTRAR				CERTIF	ICATE OF DEATH	REG.	NO			
	CEASED NAME	FIRST	A	AIOOLE		AST	20. DATE OF DEATH		OAY YEAR	2b. HOUR	-
(11)	-71	ALOW G	P	•	B	March		8	184	549	M
3. SE	x	4.	RACE		S. DATE C		6. AGE (IN YEARS LAST I	BIRTHDAY	MONTHS DAYS	IF UNOER 24 HR	
	Male		(au casi	ou	06	30 96	88	YRS.			•
	IRTHPLACE (STATE OR F	OREIGN 7b.	CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D M NEVER MARRIED	9. BALTIMORE CITY				
1	Pennsylvani		USA		WIDOWE	DIVORCED	Ba	ltimon			MD.
10 C	Baltinone	тн [11	THE NAME INTO STATE	HOSPITAL, NURSING HEAGUTY, GIVE STREET A HOSPITAL	DDBECOL	to.Md.	120. USUAL OCCUPA STYPHOF WORK FOR MOST	T OF WORKING L		of Business C . (ity	OR
130.	uyland	NG HOME OR OTH		GIVE RESIDENCE BEFORE A 134, CITY OR TOWN Baltimore	1	134. INSIDE CITY LIMITS?	130. STREET ADDRESS		t. Balto	Md 21	 230
14. F	Allen	Mid	OLE	Bryan		15. MOTHER'S MAIDEN NA	WIDDLE		McG	arrett	
	WAS DECEASED EVER	IN U.S. ARME		166 SOCIAL SECUR	RITY NO.	17. INFORMANT		RESS		NE ACT	
	Yes	W W	1	216-36-90	891	Mrs. Dolores	M. Bryan, S.	ame as	above		
	18 CAUSE OF DEATH	H (Enter only	one couse per	line for (a), (b), and	10		W. P. L. L.		BETWEEN	MATE INTERVAL ONSET AND DEAT	Н
		IMMEDIATE (Mobister	c pro	istable correction	ma				
	1888		DUE TO, OI	R AS A CONSEQUE	NCE OF						
	Conditions, if any,		(b)	renal (alle.	2					_
	cause (a), statin	g the	DUE TO, OF	R AS A CONSEQUE	NCE OF	100			7 4 7		
	underlying couse	last.	((c)	wood	wel	want failur	<u></u>				
NO	PART 2. OTHER SIGN	MUSON	nditions <u>co</u>	adder 6	·V	NOT RELATED TO THE TERM	AINAL DISEASE OR CO	NDITION GI	VEN IN PART 1	01	
CERTIFICATION	19a. DATE OF OPERA	ION	196 CONDI	TION FOR WHIC		N WAS PERFORMED	206 AUTOPSY?	IN CERTI	ES, WERE FINDI IFYING CAUSES ES []		
	218. ACCIDENT WAS UND		21b. TIME O HOUR A.	FINJURY M. MONTH DA	Y YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF IN	JURY IN ITEM 18	PART 1 OR PART 2)		
MEDICAL	(IF EITHER NOTIFY MEDIC	AL EXAMINER)	P./		19	24 105 171011			9.7	D	
MED	WHILE NOT WHEN AT WORK	ILE 🗍	21e. PLACE ((AT HOME, STR	OF INJURY EET, FACTORY, OFFICE, FA	RM, ETC 1	21f. LOCATION STREET	CITY OR	TOWN	COUNTY	STATE	
	220.1 certify that (I)) attended the	e deceased from		, 19	, to		, 19,	that (II (we) I	ost
	saw the decease abave, (1) (we) (c	d alive an_	new the hady	ofter death	, o	nd that in (my) (our) opinion	death accurred on the	date and ha	ur and from the	couses stated	
	226 SIGNATURE	1 6 1	<u> </u>	arreit death.		DEGREE		/	22c. DATE	SIGNED	
	VISAR	3/11/				ATTENDING PHYSICIAN [MEDICAL ST	AFF ICIAN	8	1184	
1	224 PHYSICIAN'S WA	ME (TYPE OR PI	RINT)		-	220 ADDRESS	.,,				
	WALTE	ea PEG	oui J	12		1/20	LY HOSPITI	AL			
23c.	BURIAL, CREMATION,	REMOVAL	23b DATE	23c. N	AME OF C	EMETERY OR CREMATORY	23d. LOCATION	_	COUNTY 4	A STAM	
8	ntombment		Aug. 4	1984 Par	busos	emetery	Baltino	re (c	. Man	ryland	
24. F	UNERAL DIRECTOR		0	ADORESS	4		TE REC'D. BY REGISTRA	R 25b. REGIS	TRAR'S SIGNAT	URE	
M	dully Fund	eral Ho	ome, 130	C. Fort	Ave. L	Balto.Md. AU	5 2 1984	gretia d	kurdson-A	andelle	*

DHMH - 16 50M 4/82

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral should be detached for use as the burial-transit permit. Then please remave corbonpapers. Pages 1 and 2 should be filed within 72 lwith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remaval.

[MAPORTANT: If them 21 is marked at Item 18 shaws any injury, at other traumatic event, the medical examiner must be notified at and

(VRA 15, 4)

TO HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 haurs after

retained by the haspital ar attending physician.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

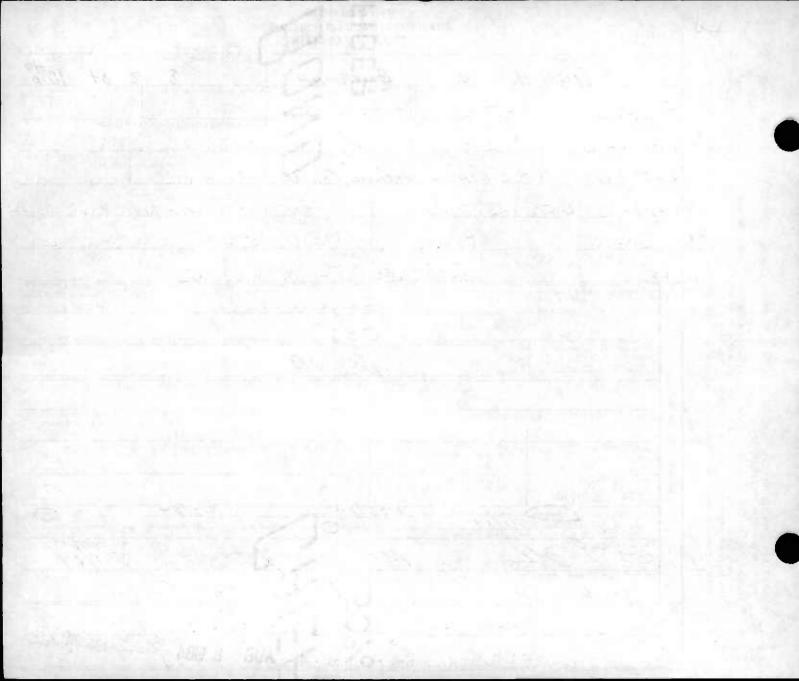
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OR TATE EGISTRAR			EALTH AND MENTAL HY ICATE OF DEATH	GIENE B REG. NO	2 1 1	0
SED NAME FIRST	MIDDLE	Į.	AST		MONTH DAY YEAR	26 HOUR
Elizab	eth w.	Bu	LKIEMAN		8 Z 84	10 7
	4 RACE	5. DATE C		6. AGE (IN YEARS LAST BIRT	HDAY) IF UNDER I YEAR	IF UNDER 24 H
nate	WHITS	MONTH	DAY YEAR	29	YRS.	HOURS M.
IPLACE STATE OF FOREIGN	76. CITIZEN OF WHAT C	OUNTRY? 8		9 BALTIMORE CITY O		
NTRY)	1150		NEVER MARRIED		1 1-U	
OR TOWN OF DEATH	1) NAME OF HOSPITA	WIDOWE	DIVORCED DIVORCED	12a USUAL OCCUPATION	DNI III KIND C	OF BUSINESS
TIMORE	J. L. DEAT	GIVE STREET ADDRESS)	AL CENTER	(TYPE OF WORK FOR MOST OF	F WORKING LIFET INDUSTRY	71 803114233
RESIDENCE (IF NURSING HOME OR)	OTHER INSTITUTION, GIVE RESID	Y OR TOWN	13d INSIDE CITY LIMITS?	13e.STREET ADDRESS /	7IP CODE	
GLASA BALT	CORE TO	10500	YES NO NO	8307 600	H RAVED BY	15.01
ER'S NAME	11 (11-5)		15. MOTHER'S MAIDEN N.			
FIRST	AIDDLE	LAST	FIRST	MIDDLE	SON	12
JOHN	1 1-4	SILL SEGUETALIS	1 1/-1/101	ADDRE	SC STA	1 11 2
DECEASED EVER IN U.S. ARA	E WAR OR DATES)	CIAL SECURITY NO.	17. INFORMANT	O .	33	
7	1919	0953240	I AMILIA	KICORDS		
CAUSE OF DEATH (Enter and PART I. DEATH WAS CAUSED	ly ane cause per line far i D BY: E CAUSE (a)	ia), (b), and ic	-Annies		BETWEEN	MATE INTERVAL ONSET AND DEA
nderlying cause last.	(c)	ITING TO DEATH BUT	PSCUD NOT RELATED TO THE TER	MINAL DISEASE OR CONL	DITION GIVEN IN PART 10	a
DATE OF OPERATION	19b. CONDITION FO	OR WHICH OPERATION	N WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES, WERE FIND II IN CERTIFYING CAUSES YES	NGS USED S OF DEATH?
ACCIDENT WAS UNDERLYING CONTRIBUTING	TH HOUR A.M. MC	Y ONTH DAY YEAR 19	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJUR	IY IN ITEM IS PART I OR PART 2)	
d. INJURY OCCURRED	21e. PLACE OF INJU (AT HOME, STREET, FACTO	ORY, OFFICE, FARM, ETC.)	211. LOCATION STREET	CITY OR TO	wn COUNTY	STATE
sow the deceased give on above (I) (We) (did) Idid na	8/2/84	19, or	19		ate and hour and from the	
b. SIGNATURE	1/	MI	ATTENDING PHYSICIAN	MEDICAL STAF		14
d. PHYSICIAN'S NAME (TYPE O	R PRINT)		22e ADDRESS			
d. PHYSICIAN'S NAME (TYPE OF	2 R		Doots	Mal.	Conta.	
d PHYSICIAN'S NAME (TYPE OF	2 R	23c. NAME OF C	EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	County,	STATE
2	11	//	//	11 Do st	11 - Mark Mark	Do of MIC V.

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the fishould be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed with with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.



TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death

etained by the hospital or attending physician

ST	ATE	OF	MARYLAND
-		-	

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

4	2	1	9	0
REG NO				

	STATE REGISTRAR	DEFAR	CERTIFICATE OF DE		VO.
	CEASED NAME FIRST	MIDDLE	Budd	20 DATE OF DEATH	
S. SEX	male	Black	5. DATE OF BIRTH MONTH DAY 2 22	6. AGE (IN YEARS LAST B	YRS.
1	Maryland	b. CITIZEN OF WHAT COUNTRY	WIDOWED DIVO	RCED BOLL	binue C. hy
E	Both . C.h	IF NOT IN SUCH FACILITY, GIVE OF RE	P. of Mo	120 USUAL OCCUPA (14PE OF WORK FOR MOST	
	AL RESIDENCE (IF MORSING HOME OR OSTATE 136 COUNT	OTHER INSTITUTION, GIVE RESIDENCE BEST TY 13c. CITY OR TO	WN 13d. INSIDE CITY	0 2548 7	French Re
4 FA	ester f	Sole Buc	d Man	MIDDLE	LAST
	MAS DECEASED EVER IN U.S. ARA YES, NO DR UNKNOWN) (IF YES, GIVE	AED FORCES? 166 SOCIAL SEC WAR CONDITION 2/2-/6	CURITY NO. 17 INFORMAN	dolyn Budda	548 Armah
	18. CAUSE OF DEATH (Enter onl PART I. DEATH WAS CAUSED	y one couse per line for (a), (b), (b) BY: CAUSE (a) Meta	and (ci.)	Ferentiated Lung	Cance Concetta
	Conditions, if any, which gave rise to immediate	DUE TO, OR AS A CONSEO			
NO	couse (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT C	DUE TO, OR AS A CONSEO		D THE TERMINAL DISEASE OR CO	NDITION GIVEN IN PART 110
IIFICATION	underlying cause last.	ONDITIONS CONTRIBUTING TO			NDITION GIVEN IN PART 1:00 200. IF YES, WERE FINDINGS US IN CERTIFYING CAUSES OF DEA
CAL CERTIFICATION	underlying cause last. PART 2. OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO	D DEATH BUT NOT RELATED T THE OPERATION WAS PERFORE	AED 200 AUTOPSY?	206 IF YES, WERE FINDINGS US IN CERTIFYING CAUSES OF DEA YES \(\text{\text{\$\subset\$}}\) NO
MEDICAL CERTIFICATION	UNDERLYING COUSE TOST. PART 2. OTHER SIGNIFICANT CO 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	ONDITIONS CONTRIBUTING TO	D DEATH BUT NOT RELATED TO THE PROPERTY OF THE	AED 200 AUTOPSY? YES NO	206 IF YES, WERE FINDINGS US IN CERTIFYING CAUSES OF DEA YES NO
	UNDERLYING COUSE TOST. PART 2. OTHER SIGNIFICANT CO. 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF ETIMER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WMILE NOT WHILE	19b CONDITION FOR WHICE 19b CONDITION FOR WHICE 21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE) 01) attended the deceased from	DO DEATH BUT NOT RELATED TO THE PROPERTY OF TH	AED 200 AUTOPSY? YES NO CITY OR 19. 10 Jhy	206 IF YES, WERE FINDINGS US IN CERTIFYING CAUSES OF DEA YES NO
	Underlying cause last. PART 2. OTHER SIGNIFICANT C 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTHEY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK 220. I certify that (I) (this haspit sow the deceased olive an obove, (I) (we) (did) (did not 27b. SIGNATURE)	19b CONDITION FOR WHICE 19b CONDITION FOR WHICE 21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE) 31 office of the deceased from the body offer death.	DEATH BUT NOT RELATED TO THE OPERATION WAS PERFORM DAY YEAR 19 211. LOCATION STREET Ond that in (my) (continue)	AED 200 AUTOPSY? YES NO RY OCCURRED (ENTER NATURE OF IN CITY OR 19 84 to Jh G ur) opinion death occurred on the	20b. IF YES, WERE FINDINGS US IN CERTIFYING CAUSES OF DEV YES NO NO NOTION NOTI
	Underlying cause last. PART 2. OTHER SIGNIFICANT C 190 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF ETIMER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED WHILE NOT WHILE AT WORK 220. I certify that (I) (this hasp) sow the deceased olive any obove, (I) (we) (did) (did not obove, (I) (we) (did) (did no	19b CONDITION FOR WHICE 19b CONDITION FOR WHICE 21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE) 31 office of the deceased from the body offer death.	DAY YEAR 19 211. LOCATION STREET DEGREE AT	AED 200 AUTOPSY? YES NO RY OCCURRED (ENTER NATURE OF IN CITY OR 19 10 15 5 ur) opinion death occurred on the	20b. IF YES, WERE FINDINGS US IN CERTIFYING CAUSES OF DEV YES NO NO NOTION NOTI

DHMH - 16 50M 4/B2 (VRA 15, 4)

BP

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral should be detached for use as the burial-transit permit. Then please remove carbon popers. Pages 1 and 2 should be filed within 72 k with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

Le see Sal Budd Marrie The second of the Bush Bush Parker Pa Every C. Dyett Augusty Has auchite = 1884 - - Miller Frence

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	0	8	1	(1)
44	· Ca	1	1	1
REG. NO.				

- STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
1. DECEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 2h HOUR
(TYPE OR PRINT) JAMES	Frank	BUETTNER	AUGUST 28.1	984 1:35AM
3. SEX	4RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
Male	White	MONTH 976 YEAR	7 66 yrs	MONTHS DAYS HOURS MIN.
70. BIRTHPLACE STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTE	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUN	ITY OF DEATH
Maryland	U.S.A.	WIDOWED DIVORCED		ity MD.
Baltimore	(IF NOT IN SUCH FACULTY, GIVE STE	SING HOME OR OTHER INSTITUTION REET ADDRESS)	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING RETURED	126. KIND OF BUSINESS OR INDUSTRY SSRAY Meats
USUAL RESIDENCE (IF NURSING HOME 130. STATE 13b. COI		OWN 13d. INSIDE CITY LIMIT	13. STREET ADDRESS / ZIP CO	Avenue 21224
14 FATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDE	N NAME MIDDLE	C MAST
Philip	Buettne	r Mary		Schuler
160 WAS DECEASED EVER IN U.S.		ECURITY NO. 17 INFORMANT	ADDRESS	
(YES 90 OR UNKNOWN) (IF YES	W. 2 DATES) 213-05	-6562 George H.	Buettner 306 S. E.	ast Ave. 21224
Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEC	OCARDIAL INFAR	CTION	
	T CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE	TERMINAL DISEASE OR CONDITION	GIVEN IN PART 110
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WH	ICH OPERATION WAS PERFORMED		YES, WERE FINDINGS USED TITIFYING CAUSES OF DEATH? YES NO NO
OR COLUMNIC COLUMN		DAY YEAR	CCURRED (ENTER NATURE OF INJURY IN ITEM	18 PART I OR PART ?)
OR COMINIBITING CAUSE OF THE EITHER NOTIFY MEDICAL EXAMINE THE INDIVIDUAL EXAMINE THE INDIV	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFI		CITY OR TOWN	COUNTY STATE
	spital attended the deceased from AUGUST 28 19 not) view the body after death.		84 , to AUGUST 2	819_84_, that (1) (we) list hour and from the couses stated
A. P. N	oyemi s	DEGREE ATTENDI	AN DIRECTOR PHYSICIAN	8/28/89
THE PHYSICIAN'S NAME ITTE	CONTRACT	22e ADDRESS CH		CORPORATION
A.F. NAZ	EMÍ, M.D.	100 N. B	ROADWAY, BALTIM	IORE, MD. 21231

23t NAME OF CEMETERY OR CREMATORY

DHMH - 16 50M 4/83 (VRA 15, 4)

should be detached for use as TO FUNERAL DIRECTOR:

OR ATTENDING

IMPORTANT: If them 21 is marked or them 18 shows any injury, or ather traumatic event, the

24 FUNERAL DIRECTOR Charles S. Zeiler & Son Inc. 901 S. Conkling St.

236 DATE

23a. BURIAL, CREMATION, REMOVAL

(SPECIFY)

Burial

em. Baltimore City Md.

1250. DATE REC'D. BY REGISTRAR 256. REGISTRAR 8 SIGNATURE Holy Redeemer (

23d LOCATION

Julia Varidson Rendell

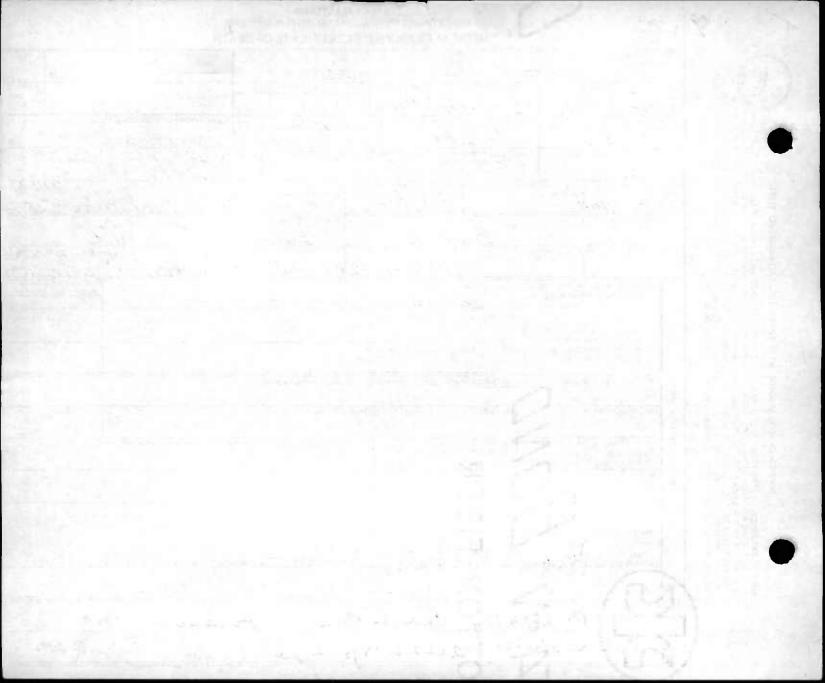
STATE

and the second in its local consists YEST ON WEST OF THE SOL SALES CONTRACTOR SALES 5 3.2 Million To Markey Lore So II. . 2 II. - - II bere l. our not soil . ex v. III. harial - Mary - Holy reserve Cas. Portugue Civil, 10.

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

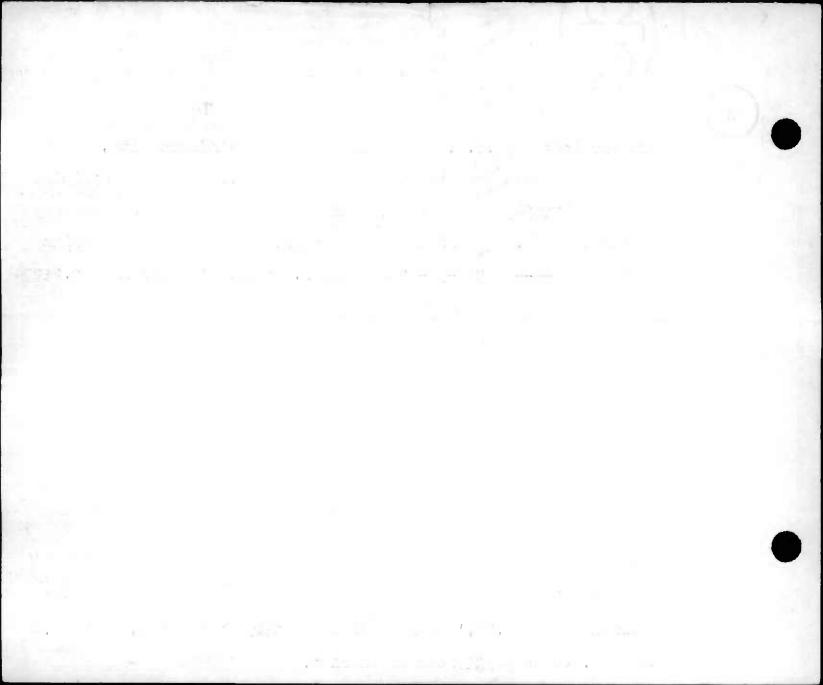
13	- 1	1	3	13
E.	- 2		1	2
2 3. NO.	18			1.00

	REGISTRAR	MEDICA				REG. NO.			
	PE OR PRINT)	MIDDLE		LAST	20. DATE OF	KNOWN X	MONTH DA	Y YEAR	26. HOL
	JOHN	NIE	E	BULLOCK		MATED	8 23	19 84	
3. SE	A/e Colo	5. DATE OF BIRTH MONTH DAY 12-11-1911		NDER 1 YR. IF UNDER	24 HRS. 2c. DATE MIN PRONOUN DEAD	NCED	8 23	19 84	7:5
	OREIGN COUNTRY)	76. CITIZEN OF WHAT COL	MARE	RIED NEVER MARRI	ED 🔟	ORE CITY OR			
100	Y OR TOWN OF DEATH	II. NAME OF HOSPITAL, N		WED DIVORCE	Dur	timore (KIND OF BUS	A
VI	Baltimore	Mercy Hospi	tal (DOA)	HER INSTITUTION	Retin	PATION (1991) CHO. LIFE)		OR INDUSTRY	
	AL RESIDENCE (IF IN NURSING HOME STATE TT. COUL		TY OR TOWN	13d. INSIDE CITY LIMITS? YES NO 🗌	201N	LUAS	him	50 51	23,
14. F	John	MIDDLE BUILL	CK	15 MOTHER'S MAIDE	N NAME	wort W	hite	1457	,
	WAS DECEASED EVER IN U.S. AI YES, NO, OR UNKNOWN) (IF YES, GIV	RMED FORCES? TE WAR OR DATES)	26-4372	mrs. Hatti	e Bailer	9936 I	HOGIC	orls pu	212
	18 CAUSE OF DEATH (Enter o	inly one cause per line for (a),	(b), and (c).)		()		1	APPROXIMATE I	INTERVAL
1	PART I DEATH WAS CAUSI	ED BY: ATE CAUSE (0) Chroni	ic obstructi	ve pulmonar	y disease	2		ETWEEN CHISET.	AND DEA
	in the contract of the contrac	(DUE TO, OR AS A CO							
1	Conditions, if any, which								
13	gave rise to immediat		ONSEQUENCE OF						-
		DOL TO, OK AS A CO	DIASEMOEINCE OF						
	lying couse lost.	1-							
		(c)							
NO	lying couse lost. PART 2 DTHER SIGNIFICANT CONDITION	(c)S CONTRIBUTING TO DEATH BUT NOT RE	ELATED TO THE TERMINAL DISEAS	SE OR CONDITION GIVEN IN PAR	T I (g).				
ATION			ELATED TO THE TERMINAL DISEAS OR WHICH OPERATION V		T 1 (e).		20	AUTOPSY?	
IFICATION	PART 2 DTHER SIGNIFICANT CONDITION				Ţ (σ).		20		NO &
ERTIFICATION	PART 2 DTHER SIGNIFICANT CONDITION	196. CONDITION FO	R WHICH OPERATION V			JURY IN ITEM 18 PAR		AUTOPSY?	NO X
ICAL CERTIFICATION	PART 2 DTHER SIGNIFICANT (DNDITIDN 196. DATE OF OPERATION 216 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF	216 TIME OF INJURY HOUR A.M. MONT	IN WHICH OPERATION V	WAS PERFORMED?		JURY IN ITEM 18 PAR			№ Х
MEDICAL CERTIFICATION	PART 2 DTHER SIGNIFICANT (DNDITION 196. DATE OF OPERATION 210 EXTERNAL CAUSE WAS UNDERLYING OR	196. CONDITION FO	TH DAY YEAR 19 RY (ATHOME, 216, LC)	WAS PERFORMED?					NO X
MEDICAL CERTIFICATION	PART 2 DTHER SIGNIFICANT (DNDITIDN 190. DATE OF OPERATION 210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF 210. INJURY OCCURRED WHILE NOT WHILE AT WORK	196. CONDITION FO 216. TIME OF INJURY HOUR A.M. MONT DEATH P.M. 216. PLACE OF INJURY	IN WHICH OPERATION V IN DAY YEAR 19 RY (ATHOME, 21f. LC	WAS PERFORMED? HOW INJURY OCCURRED DCATION STREET	CITY OR TO	wn	T 1 OR PART 2)	YES	
MEDICAL CERTIFICATION	PART 2 DTHER SIGNIFICANT (DNDITION 190. DATE OF OPERATION 210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF 210. INJURY OCCURRED WHILE NOT WHILE AT WORK 220. I certify that I took char	216 TIME OF INJURY HOUR A.M. MONT P.M. 21e PLACE OF INJUR STREET, FACTORY, FARM	TH DAY YEAR 19 RY (ATHOME, 21f. LC bave, held an Autop	WAS PERFORMED? HOW INJURY OCCURRED DCATION STREET	CITY OR TO	WN and I	T 1 OR PART 2)	YES	
MEDICAL CERTIFICATION	PART 2 DTHER SIGNIFICANT (DNDITIDN 190. DATE OF OPERATION 210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK 220. I certify that I took char death resulted from: Nati	216 TIME OF INJURY HOUR A.M. MONT P.M. 216 PLACE OF INJURY STREET, FACTORY, FARM	TH DAY YEAR 19 RY (ATHOME, 21f. LC bave, held an Autop	WAS PERFORMED? HOW INJURY OCCURRED DOCATION STREET psy, Inspection	CITY OR TO	WN and I	T 1 OR PART 2)	YES	
MEDICAL CERTIFICATION	PART 2 DTHER SIGNIFICANT (DNDITION 190. DATE OF OPERATION 210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF 210. INJURY OCCURRED WHILE NOT WHILE AT WORK 220. I certify that I took char	216 TIME OF INJURY HOUR A.M. MONT P.M. 216 PLACE OF INJURY STREET, FACTORY, FARM	TH DAY YEAR 19 RY (ATHOME, 21f. LC bave, held an Autop	WAS PERFORMED? HOW INJURY OCCURRED DOCATION STREET psy , Inspection Homicide , TITLE (SPECIFY)	CITY OR TO	WN and I	COUNTY n my opinian	YES	STA
MEDICAL CERTIFICATION	PART 2 DTHER SIGNIFICANT (DNDITIDN 196. DATE OF OPERATION 216. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF 216. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK 226. I certify that I took char death resulted from: Nature ACTUAL SIGNATURE	216 TIME OF INJURY HOUR A.M. MONT P.M. 216 PLACE OF INJURY STREET, FACTORY, FARM	TH DAY YEAR 19 RY (ATHOME, 21f. LC bave, held an Autop	WAS PERFORMED? HOW INJURY OCCURRED DOCATION STREET psy, Inspection], Hamicide,	CITY OR TO	WN and I	COUNTY	YES	STA
MEDICAL CERTIFICATION	PART 2 DTHER SIGNIFICANT (DNDITIDN 196. DATE OF OPERATION 216. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF 216. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK 226. I certify that I taok char death resulted from: Nati	216 TIME OF INJURY HOUR A.M. MONT P.M. 216 PLACE OF INJURY STREET, FACTORY, FARM	TH DAY YEAR 19 RY (AT HOME, 21f. LC) bave, held an Autop 11 , Suicide	WAS PERFORMED? HOW INJURY OCCURRED DOCATION STREET Inspection Homicide, TITLE (SPECIFY) A.D. ASSISTANT	CITY OR TO: Undetermined me	X, and a	COUNTY n my apinian DATE SIGNED	YES	STA
MEDICAL	PART 2 DTHER SIGNIFICANT (DNDITIDN 196. DATE OF OPERATION 216. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF 216. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK 226. I certify that I took char death resulted from: Nati	216 TIME OF INJURY HOUR A.M. MONT P.M. 21e PLACE OF INJUR STREET, FACTORY, FARM ural causes X. Accider	TH DAY YEAR 19 RY (ATHOME, 21f. LC) bove, held on Auton 11 , Suicide Auton Auton Auton M.D.	WAS PERFORMED? HOW INJURY OCCURRED DOCATION STREET PSY	CITY OR TO	X, and a	COUNTY n my apinian DATE SIGNED	8-24-8 21203	84 1
MEDICAL	PART 2 DTHER SIGNIFICANT (DNDITIDN 196. DATE OF OPERATION 216. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF 216. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK 226. I certify that I taok char death resulted from: Nati	216 TIME OF INJURY HOUR A.M. MONT P.M. 21e PLACE OF INJUR STREET, FACTORY, FARM ural causes X. Accider	TH DAY YEAR 19 RY (AT HOME, 21f. LC) bave, held an Autop 11 , Suicide	WAS PERFORMED? HOW INJURY OCCURRED DOCATION STREET PSY	CITY OR TO: Undetermined mo	X, and a	COUNTY n my apinian DATE SIGNED	YES □ 8-24-8	84 1



18	1-	FOR STATE REGISTRAR	DEPART	MENT OF H	EALTH AND MENTAL HYG ICATE OF DEATH	IENE 3	2 1	1 9 3
~ (1. DE	CEASED NAME FIRST	MIDDLE	l.	AST		MONTH DAY YEA	R 26 HOUR
1 75	(TYPE	OR PRINT) HELEN	J	Bu	RNE TTE		8/23/8	4 11:15 Am
	3. SE	F	RACE	5 DATE C	DAY / YEAR	6 AGE (IN YEARS LAST BIR		EAR IF UNDER 24 HRS ATS HOURS MIN.
2 62		RTHPLACE (STATE OR FOREIGN 7b.	CITIZEN OF WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEATH	1
100	N	lest Virginia	U.S.A.	WIDOWE	DXX DIVORCED		ore City.	MD.
by the f		TY OR TOWN OF DEATH	NAME OF HOSPITAL, NURSING IF NOT IN SUCH FACILITY, GIVE STREET OOD SAMARITI	ADDRESS)		120. USUAL OCCUPATE (TYPE OF WORK FOR MOST O	F WORKING LIFE) INDUST	do of Business or TRY edicine
24 hour	13a S	AL RESIDENCE IF NURSING HOME OR OTHER TOTAL PROPERTY AND 212'	TER INSTITUTION GIVE RESIDENCE BEFOR	E ADMISSION)		13e STREET ADDRESS /	ZIF CODE	MORRISLEA ALTIMORE, MD
1 10 20		THER'S NAME		0 - 10	15 MOTHER'S MAIDEN NAM			2123
1 200		George I	W. Dial		Callie	MIDDLE		Adkins
1 E E		VAS DECEASED EVER IN U.S. ARME	AR OR DATEST		17 INFORMANT	ADDRE		
100		res, no or unknown) [If yes, give w.	236-56-	6280	Helen R. St	teele #2 N		
ding physicit arbonpopio or remavo		18 CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED B IMMEDIATE C	PNEL	MOV	OLA		APF BE TW	PROXIMATE INTERVAL TEN ONSET AND DEATH
sures that the death cer signed by the offending has please remove carbo to burn, iz remation, or re fully, or other froumotic e	NO	Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause last	DUE TO, OR AS A CONSEOU (b) METHS T DUE TO, OR AS A CONSEOU (c) NDITIONS CONTRIBUTING TO	ATIC ENCE OF	CARCINOME			T Ita
hou been to permit the prior	CERTIFICATION	198 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FIN IN CERTIFYING CAU YES	
SCIAN. T g physics errificots infel Hygunds infel Hygunds infel Hygunds		21g, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH D P.M.	AY YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART I OR PART	7)
othersists of the first of the	MEDICAL	214 INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE,	FARM ETC)	211 LOCATION STREET	CITY OR TO	WN COUNTY	Y STATE
TTENDIN pital or TOR At for use o of Health		228 certify that th (this hospital) saw the deceased alive on above, (f) (we) (did) (did not)	8/23 19	84 .	nd that in (my) (aur) apinion o		ate and hour and from	the causes stated
ral OR All y the hosp (Al DIREC Heched forms to Dept. UT: If frem 1		Edui ye		M.	PHISICIAN L	MEDICAL STAI DIRECTOR PHYSIC	FF 8	123/8-4
O HOSPITAL etained by the TO FUNERAL thould be detected in the State		224 PHYSICIAN'S NAME (TYPE OR PR	INT)			(c) E. BE	MD 2	
To make		CRCC ICV)			EMETERY OR CREMATORY	23d. LOCATION CITY OF TOWN	COUNTY	STATE
BP		Burial	Aug.25, 845p	ring	Hill Cemete	ery Huntir	ngton, We	st VA.
DHMH - 16 50M 4/83		JNERAL DIRECTOR	ADDRESS			E REC'D. BY REGISTRAR	256. REGISTRAR'S SIG	n-handell
(VRA 15, 4)	Wi	lliam E. Johns	son8521 Loch	Rave	en Blvd.	G 2 4 1984	1	•

STATE OF MARYLAND



8	REG. NO.	2	1	9	1

1.	FOR STATE REGISTRAR			DEPARTA		ICATE O	D MENTAL HY	GIENE	REG. N	0.	2 1	- Commercial Commercia	9 4	1
	CEASED NAME	FIRST		MIDDLE	ı	.AST		2a. DATE	OF DEATH	MONTH	QAY YE	AR	26 HOUR	-
line	CORPRINTS	Julia		A.	Bu	ırns				8	28 8	4		м
3. SE	Х		RACE		5. DATE C			6. AGE (IN YEARS LAST BIR	THDAY)	IF UNDER I	YEAR DAYS	IF UNDER 24 HR	-
	Female		1	lack	5	7	1897	87		YRS	MONTHS	JATS	HOURS	
	IRTHPLACE +STATE	OR FOREIGN	b. CITIZEN OF	WHAT COUNTRY?	8.	n NEVE	R MARRIED	9 BALTIA	NORE CITY O		Y OF DEAT	Н		
	Carolin	a	U. S	. A.	WIDOWE	_	DIVORCED [Ba	ltimore	e Cit	У			AD.
	ITY OR TOWN OF		1. NAME OF I	HOSPITAL, NURSIN THEACILITY, GIVE STREET	ADDRESS)		NSTITUTION	(TYPE OF W	AL OCCUPATION OF THE PROPERTY				BUSINESS C	R
	Baltimore			GIVE RESIDENCE BEFORE		9			emaker				Home	_
13a. S	aryland	13b. COUN		13c. CITY OR TOWN Baltimos	N	13d. INSID YES 🔀	NO [13e STREE	T ADDRESS A	zip con	83029 Mary	Wa lan	lbrook d 2121	6
14. F/	ATHER'S NAME FIRST		IDDLE	Broadno	,	15 MOTH	FIRST Tinia	AME	WIDDIE		-	last		
	WAS DECEASED E			166. SOCIAL SECU		17. INFOR			3029	Valbr				
(YES, NO OR UNKNOWN) IF YES, GIVE	WAR OR DATES)	231-28-3	2722	Cathe	erine Sc	ales					d 2121	6
NOI	Canditions, if a gove rise to cause (a), st underlying co	IMMEDIATE ony, which immediate taking the ause last.	DUE TO, O (c)	R AS A CONSEQUE R AS A CONSEQUE R AS A CONSEQUE DOTRIBUTING TO E	NCE OF	ash NOT RELA	TED TO THE TERM	MINAL DISE	ASE OR CON	DITION GI	9	n	MATERIAL NATIONAL NAT	
CERTIFICATION	190 DATE OF OPE	ERATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PER	REORMED	200 AL	TOPSY?	IN CERT	S, WERE F IFYING CA	INDIN USES (GS USED OF DEATH?	
MEDICAL CERT	210. ACCIDENT WAS OR CONTRIBUTING THE EITHER, NOTIFY O	CAUSE OF DEAT	P. 21e. PLACE	M. MONTH DA M. OF INJURY	19	211 LOC			NATURE OF INJUI	RY IN ITEM 18				
ME	WHILE NO	T WHILE	JAT HOME, STI	REET, FACTORY, OFFICE, F.	ARM ETC)	STI	REET		CITY OR TO	IWN	COUN	17	STATE	
		eased glive an	view the body	after death.	, 0	DE GREE	ATTENDING PHYSICIAN	MEDIC		ate and ho	ur and from	n the c	hat (I) (we) lo auses stated IGNED	rst P
23a. E	BURIAL, CREMATK	ON, REMOVAL	236. DATE	23c. N	AME OF C	EMETERY	OR CREMATORY	23d LC	CATION	7770	V -			-

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the formulal direction should be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages I and 2 should be filled within 72 hours with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be

etained by the haspital or attending physician

e medical exam

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IMPORTANT: If Hem 21 is marked or Hem 18 shows any

24 NOTE LETE & Sons

(SPECIFY)

Burial

23c. NAME OF CEMETERY OR CREMATORINE Maryland National

LOCATION CITY OR TOWN Laurel Mem.

Maryland BY REGISTRAR 256 REGISTRAR'S SIGNATURE AND A GUNA DAMESON - Mandall

2501 Gwynns Falls Parkway Funeral Home Inc. Baltimore, Maryland 21216

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by the hosi ERAL DIREC e detoched Stote Dept		224 PHYSICIAN'S NAME (TYPE C	SHHe	ma	my /	A ATT	ENDING IYSICIAN	MEDICAL DIRECTOR P	STAFF HYSICIAN D		3-10-8	4
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DHMH - 16 50M 4/83 (VRA 15, 4)	24	funeral director harles S. Zeile	r & Son In	c. 6224	+ Easz	tern Ave	25e. DATE	JG 13 19	34	a Davids	MATURE MALOR	1.

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be

retained by the hospital or attending physician.

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4		REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO.	6. 1	7 0
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			ED FORCES? 166 SOCIAL SECU	RITY NO.	DO NOWA	ADDRESS	SILLI	MOD.
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Hen	MEDICAL	(# EITHER, NOTIFY MEDICAL EXAMINER) 216. INJURY OCCURRED	P.M.	19	211 LOCATION			
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- PORTANIE		22d. PHYS CIAN'S NAME (TYPE OF		1	27e ADDRESS	V:1- 17	Daito	410
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3331 Brehms Lane, Balto., Md

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, or removal.

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MPORTANT:

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO MIDDLE 20. DATE OF DEATH DECEASED NAME MONTH 2h HOUR TAPE OR PRINT 725 BEAN AGE (IN YEARS LAST BIRTHDAY) 3 SEX 5. DATE OF BIRTH IF UNDER I YEAR BLack MONTH DAY YEAR 80 84 7g. BIRTHPLACE 7h CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED DIVORCED TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) AGNES HOSP None USUAL RESIDENCE (IF NURSING JONE OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 130. STATE 131. CTV OR OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS ALTIMORE NO F IA FATHER SNAME 15 MOTHER'S MAIDEN NAME FIRST SOCIAL SECURITY NO 17 INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11g CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF YES [21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL PM (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21a PLACE OF INJURY 21f. LOCATION CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE FARM, ETC | NOT WHILE HLAGUSTE _, that (I) (we) last

270. I certify that (I) (this hospital) attended the deceosed from AUGUSTS 19 84, to 19, that (I) (we) la saw the deceosed alive on AUGUST 20 19 84, and that in (my) (aur) apinion death accurred on the date and haur and from the causes stated above, (I) (we) (did) (did not) view the body after death.

270. SIGNATURE

270. DATE SIGNED

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 8/28 (80

10. PHYSICIAN'S NAME (1996 OR PRINT)

220. ADDRESS

Joyce Evans, MI
230 BURIAL, CREMATION, REMOVAL 1236, DATE 1236, NAA

OF CEMETERY OF CREMATORY 234 LOCATION CHYOSTOWN

MAN AND

FUNERAL DIRECTOR

1. One 2 Son 1 1639 No Barrofu bus

250. DATE REC'D. BY REGISTRAR 25) REGISTRAR'S SIGNATURE

DHMH-16 30M 2/80 (VRA 15, 4)

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DIRECTOR:

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FUNERAL DIRECTOR

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME MIDDLE 2a DATE OF DEATH MONTH 26 HOUR CTYPE OF PRINT 84 bea SEX 4 RACE DATE OF BIRTH AGE LIN YEARS LAST BIRTHDAYS IF UNDER TYEAR IF UNDER 24 HRS MONTH DAY YEAR 84 I STATE OR FOREIGN THE CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) HONE timore USUAL RESIDENCE (IF NURSING NOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) BAH, Md 21243 CITY OR JOWN 13d. INSIDE CITY LIMITS? YES 🔀 NO ATHEXIDDLE 160 WAS DECEASED EVER IN U.S. ARMED FORCES? LIE YES GIVE WAR OR DATEST (YES, NO OF UNKNOWN) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY Immaturi IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost o PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) CERTIFICATION 206. IF YES, WERE FINDINGS USED 19a, DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? shows YES W NO YES [210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 87 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21f. LOCATION 21e. PLACE OF INJURY morkedor CITY OF TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from ... _, that (I) (we) lost saw the deceosed alive an. and that in (my) (aur) apinian death occurred an the date and haur and from the causes stated obove, (I) (we) (did) (did not) view the body ofter death If hem 226. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF DIRECTOR PHYSICIAN D MPORTANT 22e ADDRESS 23c. NAME OF CEMETERY OR CREMATORY DIVANY CEMITARY

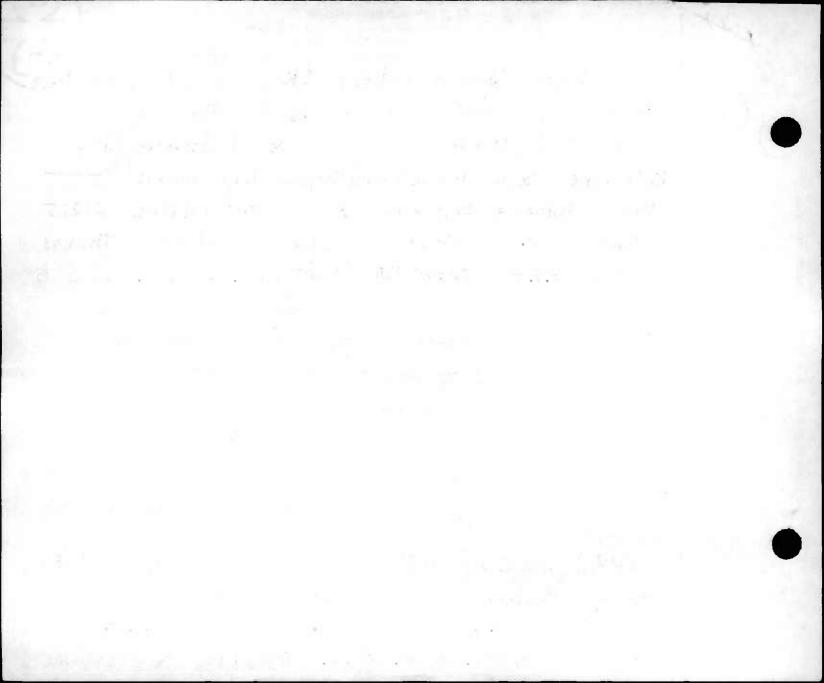
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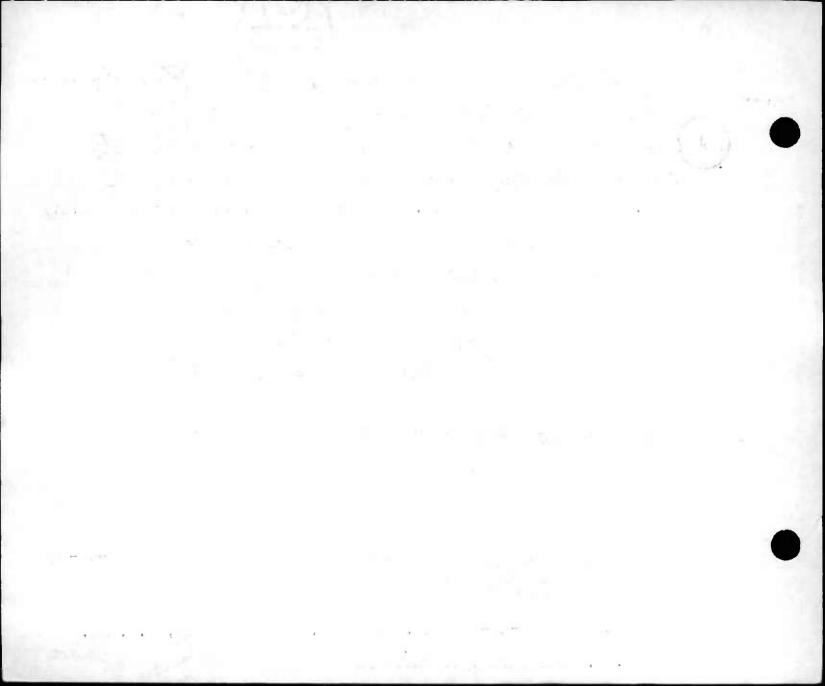
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OHMH - 16 50M 4/83 (VRA 15, 4)		NAME	ADDRESS		O O MOTE POR	widson-Randall
(VKM 13, 4)		Chas. A. Rice	FSPA 1300 Eutav	L PT I VIII	- 12 7 1084 Trans	m/m/ar



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4 1.	STATE REGISTRAR		CERTIF	CATE OF DEATH	REG. NO		0
	CEASED NAME FIRST GO]	LDIE Maie	(Am)	Bell	20. DATE OF DEATH	8 - 16 -	YEAR 26. HOUR 7.34
3. SE	F	RACE	S. DATE O	BIRTH PEAR 2 96	6. AGE (IN YEARS LAST BIR	YRS.	DER I YEAR IF UNDER 24
517	RTHPLACE (STATE OR FOREIGN 76 COUNTRY) Maryland	CITIZEN OF WHAT COU	MARRIES WIDOWE	DIVORCED	9. BALTIMORE CITY O	n un	
16	HIS MORE, Md.	I. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIV		ROTHER INSTITUTION	120. USUAL OCCUPATI		AL KIND OF BUSINES
35 USU	AL RESIDENCE (IF NURSING HOME OR O'STATE 13b. COUNT	Y 130EITY O	CE BEFORE ADMISSION) OR TOWN HIMERU	13d. INSIDE CITY LIMITS?	130 SIREET ADDRESS		21216 tte Aven
14. 1	ATHER'S NAME		AST	15 MOTHER'S MAIDEN NA	MIDDLE		LAST
	VAS DECEASED EVER IN U.S. ARM YES, NO OR UNINOWN) (IF YES, GIVE V	VAR OR DATES) 16b. SOCIA	158552	Mary B. Ac	ADDRE		avette A
	18. CAUSE OF DEATH (Enter only PART I, DEATH WAS CAUSED MMEDIATE	BY: Con	(b), and ici.)				APPROXIMATE INTERV
or piner troumond	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CON (b) DUE TO, OR AS A CON (c)			,		
	PART 2. OTHER SIGNIFICANT CO	Λ		NOT RELATED TO THE TER			PART Ira
CERTIFICATION	19a. DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATION	WAS PERFORMED	200 AUTOPSY?		RE FINDINGS USED CAUSES OF DEATH NO
C-07	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. MONT P.M.	TH DAY YEAR	21c. HOW INJURY OCCUI	RRED (ENTER NATURE OF INJUI	LY IN ITEM 18 PART 1 C	DR PART 2)
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21s. PLACE OF INJURY (AT HOME STREET, FACTORY,	OFFICE, FARM, ETC.)	211. LOCATION STREET	City OR TO	wn (COUNTY STA
W	270. I certify that (I) (this haspito saw the deceased alive an _abave, (I) (we) (did) (did nat) 27b. SIGNATURE	0-16	19 Soj , an	2 19	death occurred on the de	ote and hour and	from the causes state 22t. DATE SIGNED
	220 PHYSICIAN'S NAME (TYPEORI	PRINT)		22e ADDRESS	MEDICAL STAI	2 - 2-	8/17/8 Ashburto
	BURIAL CREMATION, REMOVAL	23b. DATE 8/21/84		EMETERY OR CREMATORY S Memorial	23d. LOCATION	y sauce	unty Mď
	uneral director m C ^{Me} March F/H	Inc. 1101°	E Nort	a Avenue∆III	TE REC'D. BY REGISTRAR	256. REGISTRAR	S SIGNATURE

Les No 1916 A Street Land

4 may be

completely filled in by the fun s 1 and 2 should be filed within

attending physician and ca

MPORTANT: If hem 21 is marked or hem 18 shows any

TO FUNERAL DIRECTOR, After should be detoched for use or with the State Dept. of Health

DHMH - 16 50M 4/83

(VRA 15, 4)

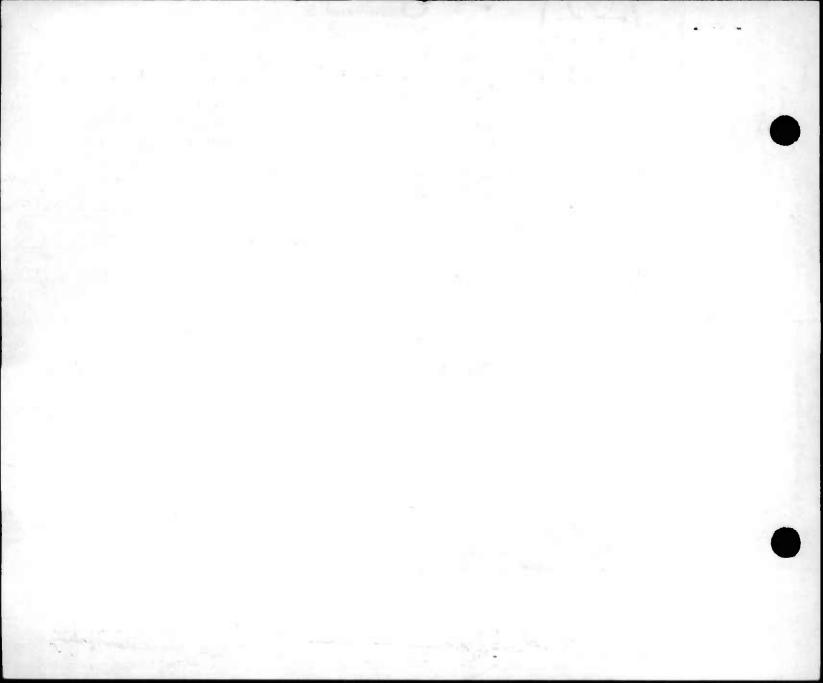
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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h.	FOR STATE			DEPART		EALTH AND MENTAL	HYGIENE	8 4	2	1 2	0	2
	REGISTRAR				CEKITE	ICATE OF DEATH		REG. NO				
	CEASED NAME OR PRINT)	Withy	fur J	le lo we	CA	mpbell L		ugust 1	· 19		HOUR	
3 SE	MALE	4	Whi	te as	S. DATE C	DAY YEAR	6. AGE	(IN YEARS LAST BIRTH	YRS		IF UNDER 2	MIN.
	RTHPLACE (STATE COUNTRY) Shington		b CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOWE	D PA THE TEN THE MANAGED	BAL	BA LTI	COUNTY OF	CITY		MD.
	10	DORE	SOU	THE BAITIN	DORE C	DROTHER INSTITUTION SENERAL HOSE	1 (TYPE O	SUAL OCCUPATION WORK FOR MOST OF COLOR	WORKING LIFE)	126 KIND OF INDUSTRY J.S.POS		
130 S M	ARYLAND	Sh COUNT	A RUNDE	13c. CITY OR TOV		13d INSIDE CITY LIMITS	109	REET ADDRESS /	ZIP CODE	· n	2100	
	William	I	DDLE Henry	Camp		is mother's maiden Katheri		C.		Webe:	1	
16a V	VAS DECEASED EV YES NO OR UNKNOWN) YES	(# YES GIVE	WAR OR DATES)	213/12/		Mrs. France	es L. ((Wife)			#13
	18 CAUSE OF DE PART I. DEATH	ATH (Enter only I WAS CAUSED IMMEDIATE	BY:	r line far (a), (b), ai	- 1	monaky	a	RREST		APPROXIM BETWEEN ON	ATE INTERV	AL DEATH
	Canditians, if a		DUE TO, C	OR AS A PONSEON	ENCLOP 2 MU	pocardia	In	Jaction	n			
	gave rise to cause (a), st underlying ca		DUE TO, 9	Several Section 1	LO10	nay ath	eiosc	lesosis	+ Ha	ombi	000	0
N O	PART 2 OTHER S	IGNIFICANT CO	onditions <u>c</u>	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE T	ERMINAL DI	ISEASE OR COND	ITION GIVEN	IN PART 110		
CERTIFICATION	190 DATE OF OPE	RATION	196 COND	ITION FOR WHICH	OPERATIO	n was performed	20a YES	AUTOPSY?	20h IF YES, W IN CERTIFYIN YES	G CAUSES C	GS USED OF DEATH NO	1?
	210. ACCIDENT WAS OR CONTRIBUTING ((IF EITHER, NOTIFY A	CAUSE OF DEAT	n	DF INJURY .M. MONTH D .M.	AY YEAR	21c. HOW INJURY OC	CURRED (EN	NTER NATURE OF INJURY	IN ITEM IS PART	OR PART 2)		
MEDICAL	21d INJURY OCC	T WHILE WORK		OF INJURY REET, FACTORY, OFFICE,	FARM, ETC.)	211 LOCATION STREET		CITY OR TOW	N	COUNTY	STA	ATE
	saw the deci	(I) (this haspite named alive on_ ni k d) (did pot)		he deceased fram		nd that in (my) (aur) apir	nian death a		e and haur an		nat (l) (w auses stat	
	22b. SIGNATUR	m)	m	to	p	DEGREE ATTENDIN PHYSICIAL	IG MED	ICAL STAFF		8-1	IGNED -SY	/
	224 PHYSICIAN'S	NAME (TYPE OR	7	TILTO		3001 S	· Han	over St	Bat	timore	m	ol.
	BURIAL, CREMATIC	ON, REMOVAL	23b. DATE	23c	NAME OF C	EMETERY OR CREMATO	ORY 23d	LOCATION	£ (OUNTY	51/	AIE
		rial	Aug.6,	1984 M	d. Vet	erans Cemet	ery C	rownsvil	_	A.	Md.	
- 1	UNERAL DIRECTO	110	21/12	COMPANION CON		A 1				SSIGNAT	dell	
51	.ngIeton	runeral	Home-C	len Burn	ie, Mo	1. A	00	1304 (1	_			



completely filled in by the funeral director, page 3 i and 2 should be filed within 72 hours after death

within 24 hours after death. Page 4 may be

certificate be

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

5.4		0	3	2 3	13	1.00
Q	M M	6 4		6.00		0.
	REG. NO.					-

- STATE REGISTRA	R		VEI AKT	CERTII	FICATE OF DEATH	REG. NO	0.	Cas	0 3	
1. DECEASED NA	ME FIRST		MIDDLE	9-14	LAST	2a. DATE OF DEATH	MONTH DAY	YE AR	2b. HOUR	
(TYPE OR PRINT)	=ARMAN	D	CAL	1Any		AUCUST	3 1984		7 P M	
3. SEX		RACE			OF BIRTH	6. AGE (IN YEARS LAST BIR		ERIYEAR	IF UNDER 24 HRS.	
1-5 M/	rz	Whit	e	MONT 10	1-	19	YRS.	DAYS	HOURS MIN.	
	(STATE OR FOREIGN 7	CITIZEN OF	WHAT COUNTRY	? 8.	T YA	9 BALTIMORE CITY O		EATH		
Maryla	nd	U.	c A		ED NEVER MARRIED	BALTIM	was ci	74		
10 CITY OR TOW		0.1	01111	WIDOW	OR OTHER INSTITUTION	120 USUAL OCCUPATI			MD F BUSINESS OR	
BALTIM	one city	NIVERS	HEACILITY, GIVE STREE	ATLAN	11) HOSPITEL	Student		DUSTRY		
Maryla Maryla	CE (# NURSING HI) NT COUNT nd Anne	Arunde	13c CITY OR TOV	WN	13d. INSIDE CITY LIMITS? YES NO 🛣	13e STREET ADDRESS A		Circ	21075 cle	
14. FATHER'S NA					15. MOTHER'S MAIDEN NA	WE				
Wendel	1 Canady	DOLE	ĮAST		Edna	Chavis		LAS		
160 WAS DECEA	SED EVER IN U.S. ARM	ED FORCES?	166. SOCIAL SEC	URITY NO.	17 INFORMANT	Ha 1885	er, Mary	land	21075	
No			214-98-	6614	Wendell Cana					
18 CAUSE	OF DEATH (Enter only	one couse per	line for (a), (b), a	nd (c).)				APPROX	IMATE INTERVAL ONSET AND DEATH	
PARTI	18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a). IMMEDIATE CAUSE (b).								14	
	IMMEDIATE		1.							
6 197	Conditions, if any, which (b) INTRACEREPAL HEMATOMA									
	Gonditions, if any, which gove rise to immediate									
	g couse lost.	DUE TO, O	R AS A CONSEQU	JENCE OF						
		((c)_								
	THER SIGNIFICANT CO	ONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN	PART 1	D	
CERTIFICATION 12 PT 10 V 12 PT 10										
M 190 DATE C	OF OPERATION				ON WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WER			
E AG.	2 1984	INTA	tcene an	H HS	EMATOMA	YES NO	YES [CNOOLO	NO 🗌	
21a. ACCIDE	NT WAS UNDERLYING	21b. TIME C			21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	RY IN ITEM IS PART I OF	RPART 2)		
OR CONTRIB	UTING CAUSE OF DEAT	1	M. MONTH							
~	Y OCCURRED		M. OF INJURY	19	211 LOCATION				100	
WHILE I	NOT WHILE		REET, FACTORY, OFFICE	FARM, ETC)	STREET	OI RO YTI)	WN CC	YIMUC	STATE	
AT WORK	AT WORK			4.17	3 637	AITT	5	70		
22a I certi	220 Certify that (I) (the haspital) attended the deceased from AVG, 2, 19, 84, to 14, G, 3, 19, 44, that (I) (methos)									
sow t	sow the deceased alive on AUG-3 19 84, and that in (my) (aur) opinion death occurred on the date and hour and from the causes stated above (th) (we) (did) (did not view the body after death.									
22b. SIGN		1 61	7		DEGREE			2c DATE	SIGNED	
7	Summe to	1/51	llei,	un	ATTENDING PHYSICIAN D	MEDICAL STAI	FF IAN	Aug	31984	
224 PHYSI	CIAN'S NAME HOW ON				22e ADDRESS UNIVE			He	SMITHE	
En	WIN H. B	SELL	15 MII)	225,6n8EN					
	MATION, REMOVAL	23b. DATE	23c	NAME OF	CEMETERY OR CREMATORY	23d LOCATION				
(SPECIFY)	Burial	Aug &	1984 R	obesou	n Memorial Cem	Robeson	Co Nort	h Ca	rolina	

DHMH - 16 50M 4/83

BP.

etained by the hospital or ottending physician. HOSPITAL OR ATTENDING PHYSICIAN: The

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physicion and co-should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar remayal.

injury, or other traumotic event, the

IMPORTANT: If Item 21 is marked or Item 18 shows

24 FUNERAL DIREGIPS El Funeral Homes, Inc. (VRA 15, 4)

FOR

Aug 8 1984 | Robeson Memorial

ADDRESS 7110 Belair Road Baltimore, Md

Cem. Robeson Co. North Carolina

THE PARTY OF THE P STEP PRODUCE AND THE PROPERTY OF THE PROPERTY AND ADDRESS OF THE PROPERTY OF T was but been to the the selection Transfer of the state of the st

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	1 -	STATE REGISTRAR			CERTIF	FICATE OF DEATH	0	REG. NO	۵.	. 1	2 0	23
1		CEASED NAME FIR	RST	MIDDLE		LAST	2a. DATE O			AY YEAR	26 HOU	
1	1	CATH	ERINE	MARIE	CARC	DLAN	Augus	st 23	, 198	34	3:0:	2P _M
	3. SE X	MALE	4 RACE WHITE		S. DATE O	731/1924	6. AGE (IN)	YEARS LAST BIRTH	M	ONTHS DAYS	HOURS	24 HRS MIN.
		RTHPLACE (STATE OR FOREN		F WHAT COUNTRY?	19	31/1924		RE CITY OF	YRS.	OF DEATH		
5	C	RYLAND	U.S.A.		MARRIE	$\stackrel{\cdot}{\Box}$ NEVER MARRIED $\stackrel{\cdot}{X}$		MORE (OI DEATH		MD
		TY OR TOWN OF DEATH	(IF NOT IN S	F HOSPITAL, NURSIN UCH FACILITY, GIVE STREET HOSPITAL	ADDRESS)	OR OTHER INSTITUTION		OCCUPATION FOR MOST OF				SS OR
5	13a S	AL RESIDENCE (# MURSING H STATE RYLAND	COUNTY	130 CITY OR TOW	N	134 INSIDE CITY LIMITS?	13ª STREET .	ADDRESS /	ZIP CODE	212	24	
	14. FA	THER'S NAME	WIDDLE	LAST		15. MOTHER'S MAIDEN NA	ME	WIDDLE			AS1	
0		PATRICK	JOSEPH	CAROI	AN	ANNA		CELES	PTNE	DII		
		VAS DECEASED EVER IN U	16b SOCIAL SECURITY NO. 17 INFORMANT			611 HADDON						
d		(YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)			HELEN P. CAR					2		
	\Box	18 CAUSE OF DEATH (E	nter only one cause p								XIMATE INTER	
	4	PART I. DEATH WAS	CAUSED BY: MEDIATE CAUSE (0)_	CARDI	AC AI	RREST				7.5		
	NO		ote the DUE TO.	or as a conseou	ENCE OF	ARY TO INTRA					10	
1	CERTIFICATION	198 DATE OF OPERATION	196 CON	DITION FOR WHICH	OPERATIO	ON WAS PERFORMED	20s AUTO	NO X	IN CERTIFY	WERE FIND		TH?
)	MEDICAL CERT	21a. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL E. 21d. INJURY OCCURRED	E OF DEATH HOUR	OF INJURY A.M. MONTH D P.M. E OF INJURY	AY YEAR	21r. HOW INJURY OCCUR						
	MED	WHILE AT WORK AT WORK	(AT HOME.	STREET, FACTORY, OFFICE, I		STREET	3	CITY OR TOW	AN	COUNTY	S	STATE
		22a.1 certify that (II (his haspital) thended the deceased from August 18, 19.84, to August 23, 19.84, that (II this haspital) thended the deceased from August 18, 19.84, and that in (my) our painton death occurred on the date and hour and from the causes DEGREE ATTENDING MEDICAL STAFF 22c. DATE SIGNE									we) lost ated	
		PHYSICIAN DIRECTOR PHYSICIAN								-		
			Luhar, I			100 N. BR	OADWA	Y BA	LTO.	, MD	2123	1
X		BURIAL, CREMATION, REM	8/24			CEMETERY OR CREMATORY OUNT CREMATOR		ATION FOR TOWN TIMORE	Ξ,	COUNTY		YLAND
	24 FL	JNERAL DIRECTOR				25a. DA1	TE REC'D. BY		25b REGISTR			0.00
	WAI	LTER BROOKS	BRADLEY, IN	C. DUNDAL	K, MI	. 21222 Al	JG 24	1984	Julian	lauidson-	-Manda	مانتلا

DHMH - 16 50M 4/83 (VRA 15, 4)

should be detached far use as the burial-transit permit. Then please remave carban papers. Page with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If them 2 his marked or them 18 shows any injury, or other traumatic event, the medi

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottendi should be detached far use as the buriol-transit permit. Then please remave car

OR ATTENDING PHYSICIAN.

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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2-1	()	1
		-014

REGISTRAR			CEKITE	ICATE OF DEATH	REG. NO	o .			
DECEASED NAME FIRST	,	MIDDLE	L	AST			DAY YEAR	2b HOUR	
James	Je	oseph	Carri	gan		8 1	7 84	M	
SEX	4 RACE		5. DATE C	OF BIRTH	6 AGE (IN YEARS LAST BIR		IF UNDER 1 YEAR		
male	w	hite	6	11 OG	78	YRS.	MONTHS DAYS	HOURS MIN.	
BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF	WHAT COUNTRY?	8.	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY	OF DEATH		
Pa.		JSA	WIDOWE	_	Baltimor	e Cit	y	MD	
O. CITY OR TOWN OF DEATH			IG HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPATI	ON	126. KIND (OF BUSINESS OR	
Baltimore		B Scott K		enital	(TYPE OF WORK FOR MOST O			Steel Co	
JSUAL RESIDENCE (IF NURSING HO	E OR OTHER INSTITUTION						1 De CH-	Steel G	
	ltimore	13c. CITY OR TOW	7	13d. INSIDE CITY LIMITS? YES NO K	13e. STREET ADDRESS 6820 Ypun	gstow	n Avenu	ue 21222	
4 FATHER'S NAME	WIDDLE	LAST		15. MOTHER'S MAIDEN NAM	ΛE			20-	
John	A	Carriga	n	Margaret	WIDDLE		Sull	livan	
60 WAS DECEASED EVER IN U.S.		16h SOCIAL SECU		17 INFORMANT	ADDRE	SS			
(YES, NO OR UNKNOWN) (IF YES	, GIVE WAR OR DATES)	215 07 4	503	Margaret Com	minn 6020	V		and a low	
				Margaret Car	rigan oozu	TOURS	S LOWIL A	Venile	
18 CAUSE OF DEATH (Enter		11		10,00 t	4		BETWEEN	ONSET AND BEATH	
IMME	IMMEDIATE CAUSE (0)_ Ventucular Fibrillation							Anned	
	DUE TO, OR AS A CONSEQUENCE OF								
Conditions, if any, which				Carcinoma	Mores		30	W-7-0	
gove rise to immediate	gove rise to immediate Touce (a), stating the DUETO, OR AS A CONSEQUENCE OF								
underlying couse lost.	100010,0	K AS A CONSEGOE	.1402 01						
PART 2 OTHER SIGNIFICAL	VI CONDITIONS CO	ONTRIBUTING TO F	DEATH BUT	NOT RELATED TO THE TERMI	INAL DISEASE OF CON	DITION GIV	/FN IN PART 1/	(5)	
	., co., billiono <u>c.</u>	D. T. KIDOT K. T. O. L.	<u> </u>	TO THE PERMIT	INAL DISEASE ON COM	711.014.014	EIV IVI AKI II		
190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	19h COND	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	T20b IF YES	S, WERE FINDI	NGS LISED	
7				The same of the sa		IN CERTIF	FYING CAUSES	S OF DEATH?	
E	(C) AN YIME O	E GALLIDA		101. 110.00 h 1 11.00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	YES NO		S 🗌	NO 🗌	
OR CONTRIBUTION TO CAUSE OF	110000	M. MONTH DA	YE AR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUI	Y IN ITEM 18 P	PART 1 OR PART 2]		
(IF EITHER, NOTIFY MEDICAL EXAM		M.	19						
21d. INJURY OCCURRED	21e. PLACE	OF INJURY	ABAL STC)	21f. LOCATION	CITY OR TO	WN	COUNTY	STATE	
WHILE NOT WHILE AT WORK	(AT NOME, ST	EET, PACTORT, OFFICE, P.	ARM, ETC.)						
22a.1 certify that (1) (this b	ospital) attended th	e deceased from	6-2	-3 1984		17_	19 8-4	that (I) (we) l ast	
sow the deceased alive	on_ 7-20	198	4 ,01	nd that in (my) (our) opinion d	teath occurred on the do	te and hou	or and from the		
22b. SIGNATUREY	not) view the body	ofter death.		DEGREE			22c DATE		
11.31011/1950	1100	m	1	ATTENDING	MEDICAL STAF		2. DATE	-17-84	
22d PHYSICIAN'S NAME (T	THE OR BRIDE	1112		PHYSICIAN K	DIRECTOR PHYSIC	IAN	0		
A STANKE (IN		N		(A (3 C)	10 NoxH	1-	1.00		
00511	1 44 10			1012 00	a with	ford	ICK		
30. BURIAL, CREMATION, REMOV	AL 23b. DATE	23 c. N	AME OF C	EMETERY OR CREMATORY	23d LOCATION		COUNTY	STATE	
Ruria 1	0/20	104		Weent Of Torre	D - I -		COOKIT	SIAIC	

BP. DHMH-16 30M 2/80 (VRA 15, 4)

TO HOSPITAL OR ATTENDING PHYSICIAN; The Io retained by the hospital or ottending physicion. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely illed in by the should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filled with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, or other troumatic event, 45

IMPORTANT: If Item 21 is marked or Item 18 shaws any

24 FUNERAL DIRECTOR Walter Dabrowski

1005 Dundalk Avenue

250 DATE REC'D, BY REGISTRAN 756. REGISTRANS SIGNAL AND AUG 2 1 1984

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gher. molecus: 122 mail	iras Jean	215 07 4303		04
	E. W. T. B.			
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px same arealises	sucol 10 dans	il hacinia PCNIS	18	1 1 4 11
	ЭL		oi Elawon.	

within 24 haurs

executed

certificate be

requires that the death

TO HOSPITAL OR ATTENDING PHYSICIAN: The law retained by the haspital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, ar ather traumatic event, the

IMPORTANT: If Item 21 is marked of Item 18 shaws any

STATE OF MARYLAND

DEPARTA

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AENT	OF	HEA	LTH	AND	MENTAL	HYGIENE	3	
CEI	RTI	FIC.	ATE	OF	DEATH		-	

REGISTRAR JAMES	E. CARROL	L SR.	CERTIF	FICATE OF DEATH	REG. NO.		
1. DECEASED NAME FIRST		MIDDLE	l l	LAST .	20. DATE OF DEATH MON	TH DAY YEAR	26. HOUR
JAN	NES	E.	CAK	eroll sr.	8	- 2 - 84	14A M
3. SEX	4. RACE		5. DATE (6. AGE (IN YEARS LAST BIRTHDAY	MONTHS DAYS	
MALE	Cauco	isjan	MONI	8 - 12 -1930	53	YRS	MIN.
70. BIRTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	8 AAADDIE	D X NEVER MARRIED	9. BALTIMORE CITY OR CO	OUNTY OF DEATH	
Maryland	U.S.	Α.	WIDOWE		Baltimore	City	MD.
10. CITY OR TOWN OF DEATH		HOSPITAL, NURSING		OR OTHER INSTITUTION	12a USUAL OCCUPATION		OF BUSINESS OR
Baltimore	St. A	gnes Hosp	ital		President		g Co.
	TUDITHER INSTITUTION DUNITY LIMOTE	GIVE RESIDENCE BEFORE 136 CITY OR TOWN Baltimor	4	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP 1205 Stella		21207
14 FATHER'S NAME				15. MOTHER'S MAIDEN NA			1, 113
Thomas	F.	Carr	011	Margare	at B.		hler
160 WAS DECEASED EVER IN U.S.		166 SOCIAL SECUR	RITY NO.	17. INFORMANT	ADDRESS		
	orean	215-28-1	615	Joyce P. Car	roll Same a	s # 13	
18 CAUSE OF DEATH (Ente	er only one cause per	r line for (a), (b), and	l (c)			APPRO BETWEE	DXIMATE INTERVAL N ONSET AND DEATH
PART I. DEATH WAS CA	USEĎ BY: DIATE CAUSE (o)	brain	av	noxia			
	DUF TO O	R AS A CONSEQUE	NCE OF A		1		
Conditions, if any, which	(b)_	Respe	12/0	oy aneil			
gove rise to immediate couse (a), stating the	DUE TO, O	R AS A CONSEQUE	NÇE OF		1 1-		
underlying couse lost	((c)	metas	Val	ic colonic	aclenoCarci	noma	
	NT CONDITIONS C	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITIO	ON GIVEN IN PART	110'
6 GT VE	money	R					
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	18E COMO	ITION FOR WHICH	OPERATIO	ON WAS PERFORMED		CERTIFYING CAUSE	
T T				10.	YES NO	YES 🗌	NO 🗌
an annual court of		M. MONTH DA	Y YEAR	THOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN I	TEM TS PART TORPART?	- 10
JIF EITHER, NOTIFY MEDICAL EXAM	AINER) P.	M	19				
21d INJURY OCCURRED		OF INJURY REET, FACTORY, OFFICE, FA	RM. ETC)	211. LOCATION STREET	CITY OR TOWN	COUNTY	STATE
MHILE NOT WHILE AT WORK					0/2	Cul	/
22a I certify that Ut (this h	12	ne deceased from	74	nd that in (my) (our) apinion	to 6//	19.0	, that all (we) last
obove, (I) (ye) (did) (did		ofter death.	1		deoth occurred on the date o		E SIGNED/
The Signature and	oul	_	- 1	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	8 8	12/84
224 PHYSICIAN'S NAME (TE OR PRINT)	17		22e ADDRESS		7.5 T. V	
H. GORD	ON N	(1)		St. Agnes	Hospital, Bal	timore, M	ld.
23a. BURIAL, CREMATION, REMO	VAL 23b. DATE	23¢ N	AME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	STATE

DHMH - 16 50M 4/83 (VRA 15, 4)

BP

Burial 8/4/84 Woodlawn Cemetery

Baltimore

²⁴ FUNERAL DIRECTOR Leroy: M. & Russell C. Witzke Puneral Homes P.A 1630 Edmondson Avenue, Catonsville, Md. 21228

250 DATE REC'D. BY REGISTRAN 250. REGISTRAN'S SIGNATURE SELECTION OF THE PROPERTY OF THE PROPE

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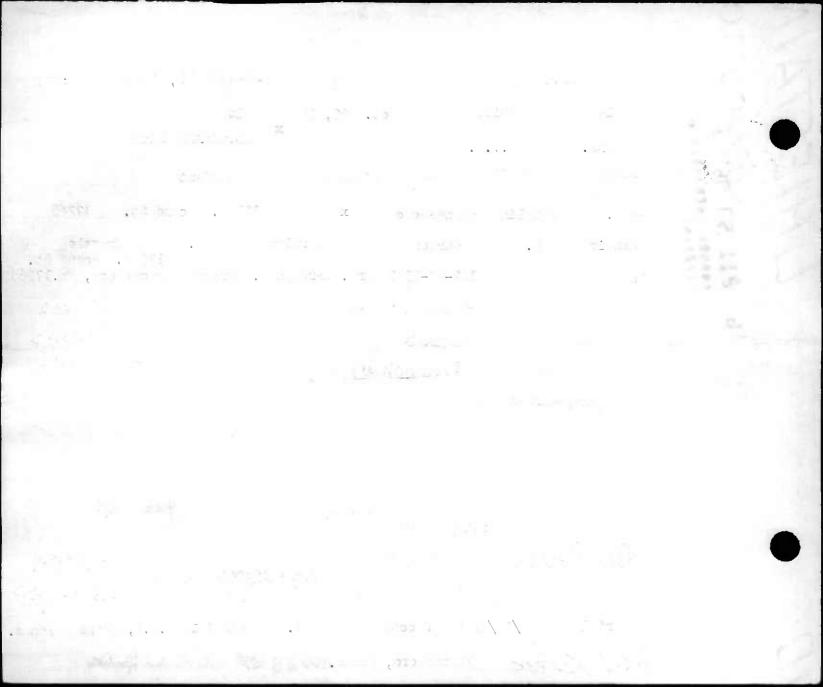
requires that the death certificate be executed within 24 hours after

STATE OF MARYLAND

	1 050	REGISTRAR EASED NAME FIRST		IDDLE		ICATE OF DEATH	REG. N	O. MONTH DAY	YEAR	2h HOUR
- 1		OR PRINT)		DDEE		731				
- L		BENJ.	AMIN_		C	ARSON		3, 198 ₄		5:0
- [3. SE)		4 RACE		5. DATE C		6. AGE (IN YEARS LAST BI	THDAY) IF U	NDER I YEAR	HOURS
- 1		Male	White	1	Oct		18	YRS.	UNIS DATS	- NOONS
7		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF W	HAT COUNTRY?			9. BALTIMORE CITY		DEATH	
16	C	OUNTRY)	U.S.A		MARRIE	D NEVER MARRIED	BALTIMOR	E CITY		
44	10 CI	Y OR TOWN OF DEATH			WIDOWE	DI DIVORCED DI	12a USUAL OCCUPAT	ION	12b KIND OF	RITSINE
2		ALTIMORE	ZUHOL	HOPKIN	S HOS	SPITAL	(TYPE OF WORK FOR MOST Studen	OF WORKING LIFE)	INDUSTRY	5031142
27/	USUA 13a S	L RESIDENCE (FHUNDED TO TATE	ROTHIN NATION O	IVE RESIDENCE BEFORE	ADMISSION)	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	/ 7IP CODE	4	49
FO/		· V	anklin	Waynesbo		YES NO	125 W. Se		1	7268
100	THEA	THER'S NAME	HATTI I	rayne sur	n G	15. MOTHER'S MAIDEN NA		Jona Go	¥3	15.00
20		FIRST	MIDDLE	LAST		FIRST Comp. Tym	MIDDLE		TAST	3 -
SAN!	16- 10	Rennis /AS DECEASED EVER IN U.S. A	E.	Carsor		Carolyr	A. ADDR	ESS BOF T	Trost	
5/2			VE WAR OR DATES)					T52 N	. Sec	
· A		No		182-40-7	7352	Mrs. Carolyn	T. Carson	Waynes	boro,	Pa.
		18 CAUSE OF DEATH (Enter o	nly one couse per l	ine for (a), (b), an	d IC.	1		100	APPROXIA BETWEEN O	NATE INTER
	334	PART I. DEATH WAS CAUS	ED BY: .TE CAUSE (0)	Brain	Dod	th			27	hour
	100	DANKED IA								
1.5	to me	Conditions if you blish	DUE TO, OR	AS A CONSEQUE					27	hoo
- 1	30.3	Canditions, if any, which gave rise to immediate	(b)	11410%	V				,	,,,,,
68		cause (a), stating the underlying cause last	DUE TO, OR	AS ACONSEQUE		Al.			20	1000
200	3		((c)	1123	111011				04	ice
20.00	CERTIFICATION	PART 2 OTHER SIGNIFICANT		NTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	NNAL DISEASE OR CON	IDITION GIVEN	IN PART I to	
7	TAT	190 DATE OF OPERATION	196 CONDIT	ION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, W	ERE FINDIN	GS USED
	FE						YES M NOT	IN CERTIFYIN	G CAUSES!	NO T
1	ER	21a. ACCIDENT WAS UNDERLYING	21b. TIME OF	INJURY		21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	IRY IN ITEM IS PART I	OR PART 2)	
2		OR CONTRIBUTING CAUSE OF DE								
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE	R) P.A 21e PLACE C		19	211. LOCATION				
	WED			ET FACTORY OFFICE F	ARM, ETC.)	STREET	CITY OR TO	NW(COUNTY	51
	_	AT WORK NOT WHILE AT WORK				1-1			2.1	
		220.1 certify that (1) (this has	ital) attended the		-1	7454 19	, to	8/23 19	74.	hat (I) (w
		saw the deceased alive a above, (1) (we) (did) (did n	8123	954 19 1	54 . or	nd that in (my) (our) opinion	death accurred on the d	ate and hour on	d from the c	auses sta
		22b. SIGNATURE	or view me body c	mer dedin.		DEGREE			22c. DATE S	GNED
1	1	Bric PAIN	N.0.0		MD	ATTENDING	MEDICAL STA		500	23/8
\mathcal{A}		224 PHYSICIAN'S NAME (TYPE	OR PRINT)		IN	PHYSICIAN [DIRECTOR PHYSI	LIAN	01	-010
/		Eric La	rsen			Dept Per	liatros	Sohns	Howki	4.5
	23o B	URIAL, CREMATION, REMOVA			NAME OF C	EMETERY OR CREMATORY	23d LOCATION		D. IAITY	51
1				- 01			CITORIOWN	53	JUPILY	51
	(Burial	8/26/1	.984 Ja	cobs	Church Cem.	Fairfield	R.D.1.	Adams	s I

BP_ OHMH 16 50M 4/83

TO HOSPITAL OR ATTENDING PHYSICIAN: The law retained by the haspital or attending physician.



(VR A15 ME (5) 20M 4/82

STATE OF MARYLAND

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	1.	FOR STATE REGISTRAR	DEPA	RTMENT OF	E OF MARYLAND IEALTH AND MENTAL HYG ICATE OF DEATH	IENE 3 4 2.	1209				
		CEASED NAME FIRST GEORE	MIDDLE		RTER	20 DATE OF DEATH MONTH	-FY 6.5/A				
		IALE	A. RACE BLACK	5 DATE O		6 AGE (IN YEARS LAST BIRTHDAY) 65 YRS.	IF UNDER TYEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.				
67	NE	EWNJERSEY	76. CITIZEN OF WHAT COUNT US	WIDOW		BALTIMORE CITY OR COUNTY	€ ME				
3/	B	ALTIMORE	PROVIDENT HOS	SPITAL	OR OTHER INSTITUTION	TRUCK DRIVER	12b. KIND OF BUSINESS OR INDUSTRY				
5	1MA	AL RESIDENCE (IF NURSING HOME OR 13b COUN		PRE ADMISSION)	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP COD					
200 E		GEROGE	CARTER LAST		15. MOTHER'S MAIDEN NAM	MEDDLE	LAST				
e medico		NAS DECEASED EVER IN U.S. AR/ YES, NO OR UNKNOWN) (IF YES, GIVI NO	MED FORCES? 166 SOCIALS	SECURITY NO.	IRENE BURR	3102 OAKFORD AVE					
orner froumoric event,		IB. CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSE) IMMEDIAT Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost.	DBY: E CAUSE (a) CAPS DUE TO, OR AS A CONSE (b) CAPD (1) DUE TO, OR AS A CONSE	OMYO F	ARRESST ATHY STNOROM	E	APPROXIMATE INTERVAL BETWEEN OMSET AND DEATH				
uulauk, os	NO	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN F									
duo smo	CERTIFICATION	198 DATE OF OPERATION	196. CONDITION FOR WH	IICH OPERATIC	N WAS PERFORMED	IN CERTI	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES NO				
7	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED	TH HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCURE 211. LOCATION	RED (ENTER NATURE OF INJURY IN ITEM 18					
Daylor	ME	WHILE NOT WHILE 22m.1 certify that (I) (this hospit	(AT HOME, STREET, FACTORY, OF		STREET	CITY OR TOWN	COUNTY STATE				
Tem Z Is		saw the deceased alive on, above, (I) (we) (did) (did nat 22b. SIGNATURE	8-7-84		DEGREE	death occurred on the date and has					
NA N		EQUELY H 224 PHYSICIAN'S NAME (1) PEO KRICHAN	RPRINT) M. MATH	JUR	ATTENDING PHYSICIAN [220 ADDRESS 2600 BALTIMO	DIRECTOR PHYSICIAN D	5 21215				
	23a (BURIAL, CREMATION, REMOVAL (SPECIFY). REMOVAL			CEMETERY OR CREMATORY FFN CEMT.	23d LOCATION CITY OR TOWN SALEM	NEW JERSEY				

25e. DATE REC'D.

AUG

1721 - 270°N. MONROE ST.

BY REGISTRAR 256. REGISTRAR'S SIGNATURE OF DAINGSON AT THE STATE OF TH

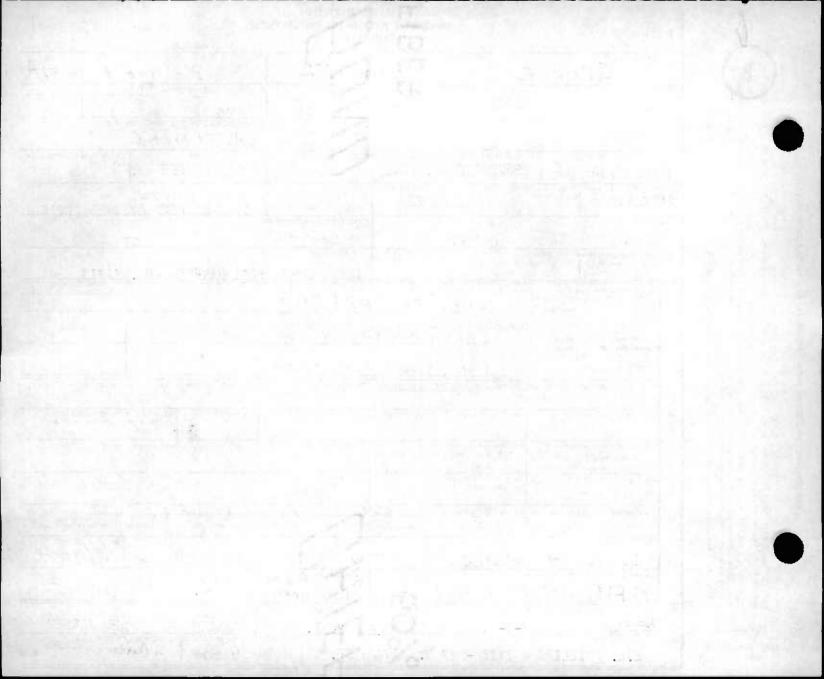
DHMH - 16 50M 4/83 (VRA 15, 4)

E.L. PHILLIPS

24. FUNERAL DIRECTOR

TO HOSPITAL OR ATTENDING PHYSICIAN: The

TO FUNERAL DIRECTOR: After this certificote has been signed by the ottending physicion and completely filled in by the funeral direct should be detached for use as the burial-transit permit. Then please remove carbon popers. Pages 1 and 2 should be filled within 72 hours with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remayol.



STATE OF MARYLAND

6	20		

1	FOR STATE REGISTRAR		EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO.	2 2	10
	CEASED NAME FIRST E The	1	rter	20 DATE OF DEATH MONTH	23 84	26 HOUR V10:50 PM
3 SE	Temale !	BIACK 5. DATE OF MONTH		6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 74 HRS HOURS MIN.
M	AND	U. Jo WIDOWE	hand hand	Baltimore city or cou		MD.
/	Baltimore 1		PITAL, INC.	1704SEWIT	126 KIND O INDUSTRY	F BUSINESS OR
1	SAT 136 COUNT	THER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) Y 13(. CITY OR TOWN	13d. INSIDE CITY LIMITS? YES NO [130 STREET ADDRESS N	· CAlho	UN 3to
1	rianer	GREER	15. MOTHER'S MAIDEN NA.	MIDDLE	GRE	ER
	WAS DECEASED EVER IN U.S., ARMI IYES, NO OR WIKNOWN) I IF YES, GIVE V	PAR OR DATES) 2166 SOCIAL SECURITY NO. WAR OR DATES)	LINDA H	All, 1722 1	1. CAlh	DUN St
	PART I. DEATH WAS CAUSED IMMEDIATE		Arrest.		approxi BETWEEN	MATE INTERVAL DINSET AND DEATH
	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUENCE OF (b) Schere Res DUE TO, OR AS A CONSEQUENCE OF	eiratory I,	nsufficiency		
NOI	PART 2 OTHER SIGNIFICANT CO	nditions <u>contributing to death</u> but	NOT RELATED TO THE TERM	IN AL DISEASE OR CONDITION	GIVEN IN PART 110	
CERTIFICATION	19a. DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION	N WAS PERFORMED		YES, WERE FINDIN RTIFYING CAUSES YES [
	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	21b TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	216 HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM	IB PART I OR PART 2}	
MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
	22a I certify that (I) (this haspital saw the deceased alive an abave, (I) (we) (did) (did not)	8/22/84 19 00	nd that in (my) (our) opinion (death occurred on the date and	,	that (I) (we) last causes stated
	22b. SIGNATURE		DEGREE ATTENDING _	MEDICAL STAFF	221, DATE	SIGNED 2/8/1

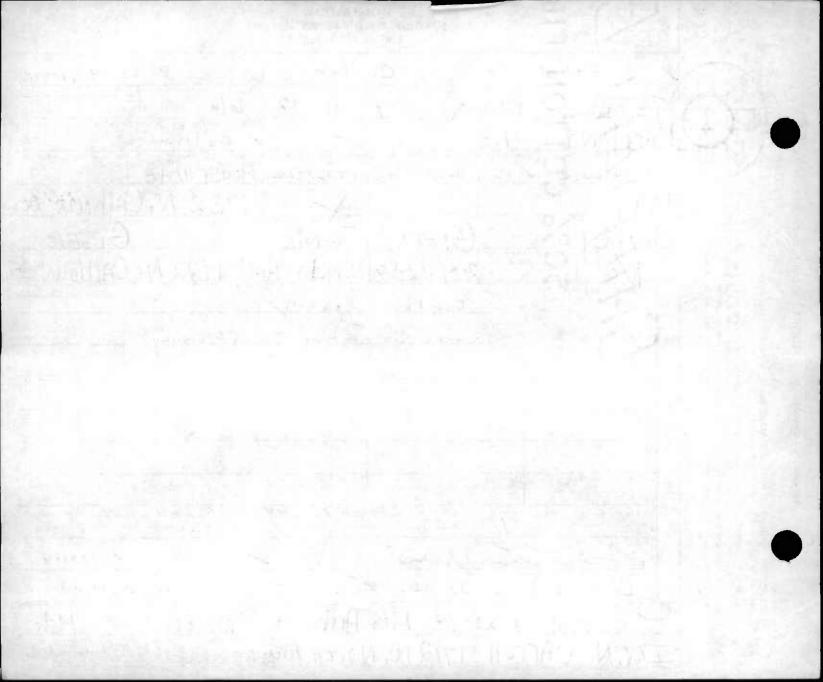
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely fulled in by the should be detached far use as the buriol-transit permit. Then please remave carbompopers. Pages Ivand 2 should be filling with the State Dept. af Health and Mental Hygiene prior to buriol, cremation, ar remaval. IMPORTANT: If Item 21 is marked at Item 18 shows any injury, at ather traumatic event, the medical retained by the haspital ar attending physician

DHMH - 16 50M 1/81 (VRA 15, 4)

TO HOSPITAL OR ATTENDING PHYSICIAN. The low

220. ADDRESS

Ave, Balt, md.



OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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REGISTRAR				CERTIF	ICATE OF DEA	ATH	REG.	NO	sar &	E-red		
1. DECEASED NAME	FIRST	-	MIDDLE		LAST		20. DATE OF DEATH		DAY	YEAR	26 HOU	R
(TYPE OR PRINT)	HERLOW		V.	C	ARTER			8	24	84		м
3 SEX Fen	ale	4. RACE	lack	5. DATE O	DAY	YEAR 914	6 AGE (IN YEARS LAST	BIRTHDAY)	MONTHS	DER TYEAR	IF UNDER	24 HRS MIN
70. BIRTHPLACE STA		76 CITIZEN OF	WHAT COUNTRY?	8. MARRIE	D NEVER MAR		9. BALTIMORE CITY Baltimor	OR COUN	ITY OF D	EATH		
10. CITY OR TOWN O		11. NAME OF	HOSPITAL, NURS IN CHEACILITY, GIVE STREET A	ADDRESS)			120 USUAL OCCUPA ITYPE OF WORK FOR MOS Domestic	TION	S LIFE) IN	KIND OF		
USUAL RESIDENCE (1 130 STATE Maryland	IF NURSING HOME OR		GIVE RESIDENCE BEFORE 13c. CITY OR TOW Baltimo	N	13d. INSIDE CITY YES X NO	LIMITS?	13. STREET ADDRESS Baltin	B _{ZIP} 4	506 Mary	Dunla	and 1 1 212	Rd. 229
I4 FATHER'S NAME FIRST Rober	t F	MDDLE Henry	Cooley		IS MOTHER'S M. FIRS Carr	1	WIDDLE			LAST ettif	ford	
160 WAS DECEASED (YES, NO OR UNKNOW NO.		MED FORCES?	215-24-2		Roscoe C		4412 of 8)
	stoting the	(lc)_	R AS A CONSEQUE	1	NOT RELATED TO	THE TERMI	NAL DISEASE OR CO	NDITION (GIVEN IN	PART IIo		
210. ACCIDENT W	PERATION	196. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORM	ED	200 AUTOPSY?			CAUSES		TH?
	AS UNDERLYING C	ATH HOUR A	OF INJURY .M. MONTH DA .M.	Y YEAR	21c HOW INJUR	RY OCCURRI	ED (ENTER NATURE OF IN	JURY IN ITEM	IB PART I O	RPART 2)	W	
OR CONTRIBUTING	CCURRED		OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC)	211. LOCATION STREET		CITY OR	NWOT	C	OUNTY	51	TATE
saw the de obove, (1) (eceased olive on (we) (did) (did no	22"	of hymnig	84.0			eoth accurred on the	dote and h			that (1) (9 couses sta	-de
226. SIGNATUR	Una	Pra	sad		PHY	NDING	MEDICAL ST DIRECTOR PHYS	AFF KIAN	2 9	B DATES	7/8	-4
22d. PHYSICIAN	N'S NAME UVER OF	PRINT)	BASAD		22e ADDRESS	NAJ	Hosp	ITA	4-			
23a. BURIAL, CREMAT	TION, REMOVAL		23c. N	SHTIO	EMETERY OR CRE	MATORY	23d. LOCATION		COU	NIY	5	TATE

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etained by the haspital ar attending physiciar

HOSPITAL

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral direction, should be detached far use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filled within 72 hours after with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

with the Stote Dept. at Health and Mental Hygiene prior to Durial, cremation, or removal.

[MPORTANT: If them 21 is marked or them 18 shows ony injury, or other traumatic event, the medical expr

must be notified at once.

Burial 8/29/1984 SHILOH BAPTIST CEMETERY CHURCH

petersburg,

Virginia

Funeral Home Inc. Baltimore, Maryland 21216

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE AUG 29 1984

wit, or this .4.5.4 wilmas .tvs. signmon it. altitus, signa Cook Marylena Baltimore X Richard Robert Coder Billiams, prepared shipped marior Charles territor, Virgin -Prima s/ /les Liter : Soru Grann Blainrich

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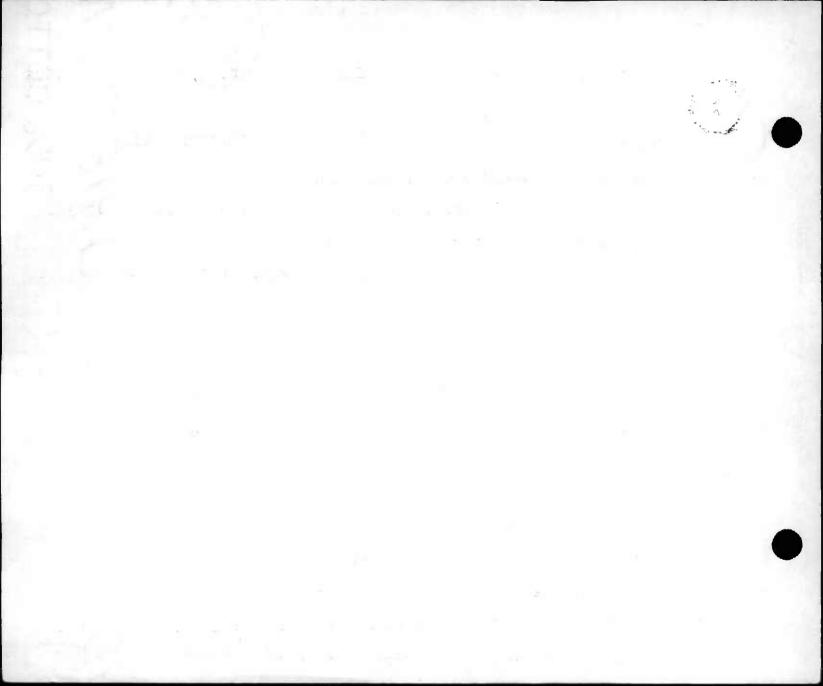
STATE OF MARYLAND DEPARTM

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	2.	2.

7	1 -	REGISTRAR				CERTIF	ICATE OF D	EATH		REG. N	0.			
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	3. SE)	(4 RACE		5. DATE C		YEAR	6. AGE (IN	YEARS LAST BI	(THDAY)	IF UNDER 1 YEAR	IF UND	DER 24 HRS
2		Male		в1	.ack	4	27	15		69	YRS	January Ching	1.00#3	I MARKA
2		RTHPLACE (STATE OR FO	OREIGN	76. CITIZEN OF	WHAT COUNTRY	? 8 MARRIEI	NEVER A	AARRIED -			_	Y OF DEATH		0
2	V:	irginia			S.A.	WIDOWE	D DI	VORCED _	BAL	TIMOR	Æ CI	TY		MD
Ø,	10. CT	TY OR TOWN OF DEA	TH		OSPITAL, NURSI		R OTHER INST	ITUTION		L OCCUPAT		176 KIND (NESS OR
1		ALTIMORE			HOPKI		SPITA	_						
K	13a. S		136 COU		13c. CITY OR TO		13d INSIDE C	ITY LIMITS?	13e STREET	ADDRESS	/ ZIP COD	ÞΕ		
2		aryland			Balti	more	YES 🔀	NO 🗌		O Hol	broo	k St. 2	2120)2
7	14. FA	THER'S NAME		MIDDLE	£A\$1		15. MOTHER'S	S MAIDEN NAM	ΜĒ	MIDDLE		LA	ST	
0		Harrisc			Carter			rie				Wade	2	
	(Y	/AS DECEASED EVER I		MED FORCES?	16b. SOCIAL SEC	URITY NO.	17. INFORMA	NT		ADDR				
	1	40			N/A		Hall	le Car	ter :	1720	Holb	rook S		
	0	18 CAUSE OF DEATH PART I. DEATH W.	H (Enter ar					1 -				BETWEEN	(IMATÉ IN ONSET AI	TERVAL ND DEATH
				TE CAUSE (a)	Cardio po	Imono	vy ar	rest					-	φ <u></u>
				DUE TO, OI	R AS A CONSEOU	JENCE OF							λ	1
- 1		Canditions, if any, gave rise to imm		(b)	Staphloc	accus 2	brachmig	is Men	ingiti:	5			0	0075
		cause (a), stating	g the	DUE TO, OI	R AS A CONSEQU	JENCE OF	11					unget -	18	days
					ntravent								The second	
	z	PART 2. OTHER SIGN			ONTRIBUTING TO	DEATH BUT	NOT RELATED	TO THE TERM	INALDISEA	SE OR CON	DITION GI	VEN IN PART 1	a	
1	AT IO	190 DATE OF OPERAT			TION FOR WHIC	HOPERATIO	V WAS PERFO	PMED	200 AU	OPSY?	205 IF YE	S, WERE FINDI	NGS HS	SED.
2	CERTIFICATION	7/7/84		196 CONDITION FOR WHICH OPERATION WAS				ement to INCERT				IFYING CAUSES		ATH?
7.	ERT	21g. ACCIDENT WAS UND	ERLYING [216 TIME OF INJURY LE MOTTURES 216 HOW INJURY OCCUR									NO	U
1		OR CONTRIBUTING C		ALIN .		DAY YEAR	MIA		12					
	MEDICAL	(IF EITHER NOTIFY MEDIC		P. PLACE (19	211 LOCATIO	N			_			
	ME	WHILE NOT WHI	ILE	(AT HOME, STR	EET, FACTORY OFFICE	FARM, ETC)	NIA			CITY OR TO)WN	COUNTY		STATE
		220.1 certify that (I)	A		e deceased fram	71	1	19.84	ta6	114		1984	that (I)	(we) last
		saw the decease abave (D)(we)(d		93	. 11 dels .	100	d that in (my)	(aur) apinian d	death accur	red an the d	ate and ha	ur and from the		,
		22b. SIGNATURE	lid Flaid no	it) view the bady	after death		DEGREE					22c DATE	SIGNE	D
1		Culter	elux	-		(ND.	TTENDING PHYSICIAN	MEDICA	L STA	FF CIAN []	81	1/84	t
		22d. PHYSICIAN'S NA		OR PRINT)			22e ADDRES	S						
		C.W. HE	NORI	X			600	N. Woi	FE ST	", IS AL	TI WORT	i wh		
-		URIAL, CREMATION, I	REMOVAL				EMETERY OR			ATION TY OR TOWN		COUNTY		STATE
		BURIAL		8/7/	84 A.	rbutu	s Mem.		Arl	outus			Md.	
		INERAL DIRECTOR	ana /-		ADDRESS			250 DATE	REC'D. BY	REGISTRAR	25b. REGIS	Day Sona	Adend	مالات
	WI	n C March	ı F/I	Inc.	1101 E	Nort	h Aver	nue A	0 () 1304	U			

DHMH - 16 50M 4/83 (VRA 15, 4)



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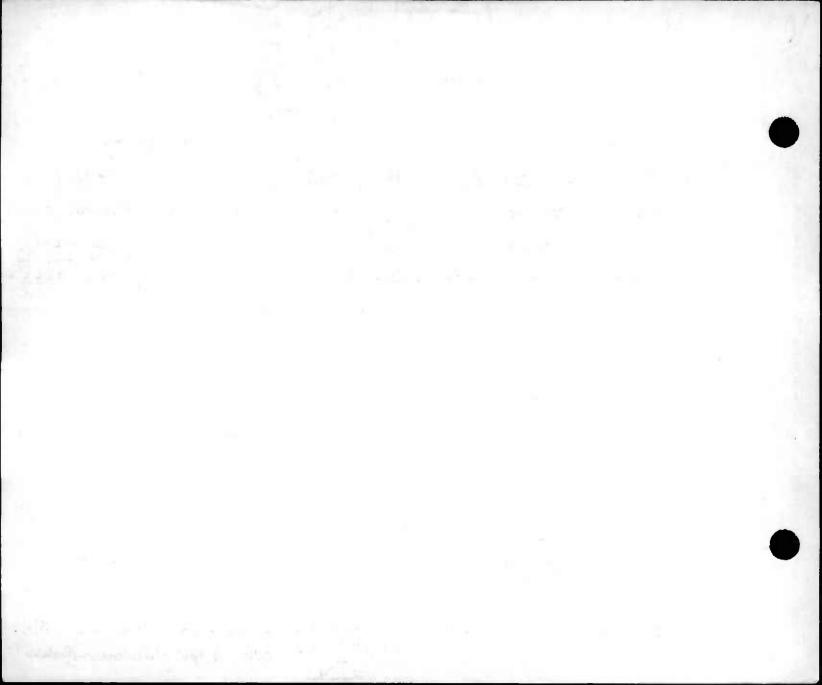
TO FUNCEAL DRECTOR. After this certificate has been signed by the attending physics should be detached for use as the bunch manual permit. Then please remove carbon pages with the State Dept. of Health and Mental Hypiens prior to burisol. cremation: or removal.

MPORTANT: If hem 21 is

14	1	STATE OF MARYLAND
R	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH
	A DECEASED NAME	MIDDLE 145T 2- DATE OF C

			STATE OF MARYLAND	3 1 13	2 23 1 2
١.	FOR	DEPAR	TMENT OF HEALTH AND MENTAL H	YGIENE 5 4 Z	
-	STATE	2 (186)	CERTIFICATE OF DEATH		5 00 0 0
	REGISTRAR		CERTIFICATE OF DEATH	REG. NO	
1. DE	CEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH D	AY YEAR 26 HOUR A
[TYPE	OR PRINT)	-\ - M - ·		8 2	84 430 4
	ORPRINT) Myr	Tle Marie	-ASSE !!	0	7 M
3 SEX	X X	4 RACE	5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
	- 1		MONTH DAY YEAR	58 5	ONTHS DAYS HOURS MIN.
/	temale	Wh.te	May 1 192	26 YRS	
7a. 81	RTHPLACE ESTATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	Y? 8	9 BALTIMORE CITY OR COUNTY	OF DEATH
(COUNTRY)	11 0 1	MARRIED NEVER MARRIED	D 11 0	1
	West Virginia	d U-S. H.	WIDOWED DIVORCED	BAITO, C.	ITY MD.
10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	SING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	126 KIND OF BUSINESS OR
	Q 11.	(IF NOT IN SUCH FACILITY, GIVE STRE	EET ADDRESS)	TYPE OF WORK FOR MOST OF WORKING LIFE	
1	NAITIMORE,	1 St. Hanes	Hospital	Sales	retail
USU	AL RESIDENCE (IF NURSING HOME OF	OR OTHER INSTITUTION, GIVE DESIDENCE BEFO	ORE ADMISSION)		
13a S	AA I VII	INTY 13c. CITY OR TO	/		1. 01 -
1 /	Me. Ho	WARD EKRI	dule YES NO	5822 10RUST /	1.12 Rd. 21227
14 FA	THER'S NAME		15. MOTHER'S MAIDEN I	NAME	
	FIRST	MIDDLE	FIRST	MAIDDLE	1AST
	OTIS	JUY OPE	NCER KUSSI	E CLLEN	Dawson
Iáo V	VAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL SE	CURITY NO. 17 INFORMANT	ADDRESS	LA HILL + =
10	YES, NO OR UNKNOWN) (IF YES, GI	IVE WAR OR DATES)	10-111 13		prest Hill 14
-	No	- 220-2	4-2816 Harland D.	(assell Ellande	e md zizza
	IL CALISE OF BEATH (Fator o	inly one cause per line far (a), (b),			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	PART I DEATH WAS CAUSI	ED BY:	did to		BETWEEN ONSET AND DEATH
	IMMEDIA	ATE CAUSE (a)	Can eir	MG	
			7	1	
	1.00	DUE TO, OR AS A CONSEG	QUENCE OF	//	
	Conditions, if ony, which	(b)	- Carlo	1/	
	gave rise to immediate cause (a), stating the	}		V	
	underlying cause last	DUE TO, OR AS A CONSEC	SUENCE OF		
		(6)			
	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	Q DEATH BUT NOT RELATED TO THE TE	RMINAL DISEASE OR CONDITION GIVE	N IN PART TIO
Z	Co	OPD PUD	1) 10		
CERTIFICATION			0,1	To the second of the second	WEDE EN ION I CO.
8	190 DATE OF OPERATION	196 CONDITION FOR WHIC	CH OPERATION WAS PERFORMED		WERE FINDINGS USED 'ING CAUSES OF DEATH?
TE .	1			YES NO YES	
8	at accident that unique this. F	21b. TIME OF INJURY	21. HOW INTURY OCC		
	210 ACCIDENT WAS UNDERLYING	110110 4 11 11011711	DAY YEAR 216 HOW INJURY OCC	URRED (ENTER NATURE OF INJURY IN ITEM 18 PA	RT I ORPART 2)
4	OR CONTRIBUTING CAUSE OF DE	AIR	19		
18		21e PLACE OF INJURY	211 LOCATION		
MEDICAL	21d INJURY OCCURRED	LAT HOME STREET FACTORY OFFIC		CITY OF TOWN	COUNTY
5	AT WORK AT WORK		111		
			COLD NT 4	1700 m = 8/11	- 01
	ZZa I certify that (1) (this hasp	oital) attended the deceased from		3-100000	9 that (I) (we) last
	term the december of the	at) view the body after death.	nd that in (my) (aur) apini	an death occurred on the date and hour	and fram the causes stated
	22h SIGNATURE	If year the gody after bearn.	DEGREE		28c. DATE SIGNED
	1/1/	eil.	ATTENDING	MEDICAL _ STAFF _ 4	10/01
1	777	Th.	PHYSICIAN		812 J4
1	224 PHYSICIAN'S NAME YOU	OR PROVIS	22e ADDRESS /	11 1 -1 :	6 11
			et He	anus Hoshi Tal	Kallinger.
1	1	M. SINGH	31 11	Pico	91000
22- 6	PUDIAL OPENATION PENATURE		NIAME OF CEMETERY OF CREATING	RY 1736 LOCATION	1127
230	BURIAL, CREMATION, REMOVAL	L 23b. DATE 23	NAME OF CEMETERY OR CREMATOR	Z30 LOCATION CITY OR TOWN	COUNTY STATE
	Kurial	18-4-89 1	YEARD VOLGE MEN +	IL ELICRIAGE +	toward Md.
-	UNERAL DIRECTOR		A A Add Iso I	DATE REC'D. BY REGISTRAR 25b, REGISTE	AR'S SIGNATURE
	NAME	ADDRESS	· CITICOLOUPING		
13	lack tweet	al Home	Old Columbia Kd.	And S-of HOW down	Davidson-Asadelle
			21043		
			01010		

DHMH - 16 50M 4/83 (VRA 15, 4)



OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 hours ofter death. Page retained by the hospital or attending physician

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove corbanpapers. Pages 1 and 2 shauld be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 21 is marked or them 18 shows any injury, or other traumatic event, the medical exa

must be notified of once.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 -	FOR STATE REGISTRAR	DEPARTA	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	YGIENE 8 4 REG. NO.	2 2 4
	CEASED NAME FIRST	sech Mitche	11 CAthell	20 DATE OF DEATH MONTH	25 84 755. M
3 SE	MAle	A RACE White	5. DATE OF BIRTH MONTH DAY YEAR O 9	6 AGE (IN YEARS LAST BIRTHDAY)	
	COUNTRY) M.d	USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltin	nove City MD.
-	Baltimore	MIF NOT IN SUCH FACILITY, GIVE STREET,	n Care Center	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK)	Laboren/Balto. (ity
136 3	M. d 13b.c	OUNTY 131. CITY OR TOW		130 SIREET ADDRESS 530	Maude Avenue,
	Robert	Vincent (athe	FIRST	MIDDLE	Shenidan
(no	215-10	9057 Canole F.		as #13 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
NOI	gave rise to immediate couse (a), stating the underlying couse last	DUE TO, OR AS A CONSEQUE	nce of		
RTIFICAT	196 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO
	OR CONTRIBUTING CAUSE O	FDEATH HOUR A.M. MONTH DA	19	JRRED (ENTER NATURE OF INJURY IN ITEM	18 PART I OR PART 2)
ME	WHILE NOT WHILE AT WORK	AT HOME, STREET, FACTORY, OFFICE F	ARM ETC) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
	saw the deceased alive	e on 8 .18 . 19	DEGREE	, 10	hour and from the causes stated 22c DATE SIGNED
	224 PHYSICIAN'S NAME (T		M.) ATTENDING PHYSICIAN 220 ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	8.27.84
10. CITY OR TOWN OF DEATH Baltimore USA 10. CITY OR TOWN OF DEATH Baltimore 11. NAME OF HOSPITAL, NURS Baltimore USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION) GIVE RESIDENCE BEFORE 136. STATE 136. COUNTY 137. CITY OR TO 14. FATHER'S NAME FIRST ROBERT VINCENT 136. COUNTY 137. CITY OR TO 14. FATHER'S NAME FIRST ROBERT VINCENT 136. COUNTY 137. CITY OR TO 137. CITY OR TO 14. FATHER'S NAME FIRST ROBERT VINCENT 136. COUNTY 136. SOCIAL SEC CATA 137. CITY OR TO 138. CAUSE DEVER IN U.S. ARMED FORCES? 146. SOCIAL SEC 157. IN 158. CAUSE OF DEATH (Enter anly ane cause per line for 14 (b), part 1. DEATH WAS CAUSED BY: 159. IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEO Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse last. 159. CONDITION FOR WHICE 179. DATE OF OPERATION 179. CONDITION FOR WHICE 179. DATE OF OPERATION 179. CONDITION FOR WHICE 179. ACCIDENT WAS UNDERLYING 179. CONDITION FOR WHICE 179. ACCIDENT WAS UNDERLYING 179. CONDITION FOR WHICE 179. CONDITION FOR WHICE 179. CONDITION FOR WHICE 179. ACCIDENT WAS UNDERLYING 179. CONDITION FOR WHICE 179. ACCIDENT WAS UNDERLYING 179. CONDITION FOR WHICE 179. ACCIDENT WAS UNDERLYING 179. CONDITION FOR WHICE 179. CONDITION FOR WHICE 179. ACCIDENT WAS UNDERLYING 179. CONDITION FOR WHICE 179. CONDITION FOR WHICE 179. CONDITION FOR WHICE 179. ACCIDENT WAS UNDERLYING 179. CONDITION FOR WHICE 179. CONDITION FOR WHICE 179. CONDITION FOR WHICE 179. CONDITION FOR WHICE 179. ACCIDENT WAS UNDERLYING 179. CONDITION FOR WHICE 179. CONDITION FOR WHICE 179. CONDITION FOR WHICE 179. CONDITION FOR WHICE 179. CONDITION FOR WHICE 179. CONDITION FOR WHICE 179. CONDITION FOR WHICE 179. CONDITION FOR WHICE 179. CONDITION FOR WHICE 179. CONDITION FOR WHICE 179. CONDITION FOR WHICE 179. CONDITION FOR WHICE 179. CONDITION FOR WHICE 179. CONDITION FOR WHICE 179. CONDITION FOR WHICE 179. CONDITION FOR WHICE 179. CONDITION FOR WHICE 179. CONDITION FOR WHICE 179. CONDITION FOR WHICE 179. CONDIT		NAME OF CEMETERY OR CREMATORY	CITY OR TOWN	SOUNIY MISTATE 3	
	UNERAL DIRECTOR	Balton	edan Hill (emeter) Md., 21225 1250 1250 1250 1250 1250 1250 125	ATE REC'D. BY REGISTRAR 256. REC	Sistraris stonature lia Davidson-Handelle

DHMH - 16 50M 1/B1 (VRA 15, 4)

TO HOSPITAL

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7	I. DECEA (IYPE OR I	FOR STATE REGISTRAR		DEPART		EALTH AND MENTAL HYG		REG. NO.	1 2	3	
		CEASED NAME FIRST	N	NDDLE		ASI	20 DATE OF D	EATH MONTH DA	AY YEAR	2h HOUR	
	(11.1	ELIZAB	ETH LA	RRABEE	CATT	ANACH	AUGUST	21, 1984		11:15am	
	3. SEX	X	4 RACE	2013-11	5. DATE C		6. AGE (IN YEAR		ONTHS DAYS	IF UNDER 24 HRS	
	FEI	MALE	WHITE			/1/1898	86	YRS			
31		RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9 BALTIMORE	CITY OR COUNTY	OF DEATH	1000	
IJ.		RYLAND	U.S.A.		WIDOWE		BALTIM	ORE CITY		MD.	
10		TY OR TOWN OF DEATH	(IF NOT IN SUCI	IOSPITAL, NURSII H FACILITY, GIVE STREET MANOR NUT	T ADDRESS)	DR OTHER INSTITUTION HOME	12a USUAL OC	CUPATION DR MOST OF WORKING LIFE HOMEMA	INDUSTRY	OF BUSINESS OR	
35	13a. S	AL RESIDENCE (IF NURSING HOME OR STATE 13b. COUN RYLAND		GIVE RESIDENCE BEFOR 13c. CITY OR TOV BALT INO	VN	13d Inside City Limits? Yes 🛣 NO 🗌	100 W.	DRESS / ZIP CODE UNIVERSITY	PARKV	WAY 21210	
14	14. FA	THER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN NAM		MIDDLE	145	51	
1		CLINION		LARRA	BEE	ANNIE			LEDLEY		
/		VAS DECEASED EVER IN U.S. ARI VES NO OR UNKNOWN) (IF YES, GIV	MED FORCES? E WAR OR DATES)	213.20.5		FLIZABETH S.	HERMAN	4608 ROLZ BALTO., N			
		18 CAUSE OF DEATH (Enter on PART I, DEATH WAS CAUSE) IMMEDIAT	ly ane cause per D BY: E CAUSE (0)	line for (a), (b), ar	nd (c).1	any thurs	ر		BETWEEN	ONSET AND DEATH	
		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last	(b)	R AS A CONSEQU	scv	D			ye	con .	
H	NO	PART 2. OTHER SIGNIFICANT C	CONDITIONS CO	NTRIBUTING TO	DE ATH BUT	NOT RELATED TO THE TERM	INAL DISEASE C	R CONDITION GIVE	N IN PART 11	0	
d	TIFICAT	19a DATE OF OPERATION	19b CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPS	20b. IF YES, IN CERTIFY YES	WERE FINDING CAUSES		
9		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.	M. MONTH D	AY YEAR	21c HOW INJURY OCCURE	RED (ENTER NATUR	E OF INJURY IN ITEM 18 PAI	RI I OR PART 2)		
	MEDIC	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE ((AT HOME, STR	OF INJURY EET, FACTORY, OFFICE,	FARM, ETC)	211 LOCATION STREET	(ITY OR TOWN	COUNTY	STATE	
		22a.1 certify that (1) (this haspi saw the deceased alive on above, (1) (we) (did) (did no		mg 20 19	84.0	no that in (my) (aur) apinian	, to death occurred o	on the date and hour	and from the		
		22h. SIGNATURE	~ 5				MEDICAL DIRECTOR	STAFF PHYSICIAN	8/22	2/1984	
1		224 PHYSICIAM'S NAME (TYPE O				22e ADDRESS					
1		LEON A. KOCHMA	N, M.D.			10 STONEHENG	E CIRCL	E APT. 1 E	BALTO.,	MD.	
		BURIAL, CREMATION, REMOVAL	23h DATE	230	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION		COUNTY	STATE	
		EWYLLIL OVI	8/22/	100/ 1	MOCITIO	DARK CEMETERY		TMORE.		MARYT ANT	

250. DATE REC'D. BY REGISTRAR 251, REGISTRAR'S SIGNATURE
ALIG 2 3 1984 Lie Daydon-Randelle

AUG 23

STATE OF MARYLAND

DHMH - 16 50M 4/83 (VRA 15, 4)

24 FUNERAL DIRECTOR

WALITER BROOKS BRADLEY, INC. BALTO., MD. 21222

With the state dept. On recommon and recommon space, proceeding the state of the st TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complement filling in by the should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I and 2 should be filled with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

the state of the state of

	VERAL DIR VITHIN 73 PRESTON
	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS NECESARY EXECUTE THE CERTIFICATE, WRITING THE WORD. "PENDING" IN PROFIL IN TEAN 18. GIVE PAGES 1. 2, AND 31 OT THE HUNERAL DIR PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. 3. RETAIN PAGE 5 FOR YOU TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL. TRANSIT PERMIT. PAGES I AND 2 SHOULD BE FILED WITHIN 73 AFTER DEATH, WITH THE STATE DEPREMENTATION OF WITH THE STATE DEPREMENTATION OF PROFILES.
.21201	IF ANY DELAY IS 2, AND 3 TO THE 3. RETAIN PAGE SHOULD BE FILED AL RECORDS. 2011
ORE, MD	RA PM 3. I AGES 1, 2, 2, 2, 2, 2, 2, 2, 3, 1, 2, 3, 1, 2, 3, 1, 2, 3, 1,
BALTIN	URS AFTER 8. GIVE PV WITH FO IT. PAGES DIVISION
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201	IN 24 HO IN ITEM 1 A ALONG ISIT PERMI HYGIENE,
201 W. PR	EXAMINE EXAMINE IN PENCIL
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VISION O	CERTIFICATION THE SED TO THE SED TO THE SED TO THE SED TO THE SERVICE DEPARTMENT OF THE SERVICE
٥	FORWARD OR: PAGE HE STATE
•	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HE EXECUTE HE CERTIFICATE, WRITING THE WORD "FENDING" IN PENDLI IN ITEM PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG TO FUNERAL DIRECTOR; PAGES 3 SHOULD BE USED AS A BURIAL TRANSIT PERAFITED WITH THE STATE DEPREMENTO OF HEAVILH AND MENTAL HYGIEN PRAINADES MARDING AND 31/301 PRIOR DEPREMENTO OF HEAVILH AND MENTAL HYGIEN PARTIFICATION FOR PERMANDEN.
	ECUTE THI GE 4 SHC FUNERA TER DEATH
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	STATE				NT OF HE	OF MARYLAND ALTH AND MENT	q.	9 665	2.	1 2	1 0
	REGISTRAR CEASED NAM PE OR PRINT)	AE FIRST	ME	MIDDLE	AMINER	'S CERTIFICAT		OF EST	EG. NO.	ONTH DAY YE	14. 1100K
3. SEX	X	PAUL 14 RACE	5. DATE OF BIRTH			CAVEY	NDER 24 HRS.	DEATH MAT	ED [8 6 198	4 M
	ALE	WHEELE	MAY 22	1922	62 YRS.	MONTHS DAYS HOU		PRONOUNCED DEAD		8 6 198	4 a _m
FC	RTHPLACE OREIGN COUNTRY		76. CITIZEN OF WE	HAT COUNTRY	/	MARRIED NEVER M	AARRIED L	Baltimore		TUNTY OF DEATH	4 MD
10 C	Baltim	OF DEATH	(IF NOT IN SUCH FA	CILITY, GIVE STREET	T ADDRESS)	rother institution	FOR M	AL OCCUPATION OST OF WORKING LI	N (TYPE OF W	ORK 126 KIND OF OR INDI	JSTRY
13a. S	AL RESIDENC STATE MARYLA	13b COU	OR OTHER INSTITUTION, GI	VE RESIDENCE BEFO	DRE ADMISSION)	13d. INSIDE CITY LIM	1157 13e STRE	et address OS GARTS	SIDE A	VE. 2120	7
_	ATHER'S NAM FIRST JOHN	Æ	MIDDLE BERT	CAVEY		15. MOTHER'S MERRST	AAIDEN NAME	ELIZABET		GUNTS	
{7		ED EVER IN U.S. AI		16b SOCIAL	8/6663	D. 17. INFORMANT		AD	2575	THOMPS ON	
	gave couse (lying co	ons, if ony, which rise to immediat a) stating the <u>under</u> use last.	(c) (b) DUE TO, OR	AS A CONSEC							
Z		SIGNIFICANT CONDITION		MAI NOT METULED	TO THE TERMINAL	OISEASE OR CONDITION GIVEN	I IN PART 1 (g).				
FICATION	19a DATE C	F OPERATION				OISEASE OR CONDITION GIVEN			5	20 AUTO	
MEDICAL CERTIFICATION	210 EXTERNUNDERLYIN CONTRIBUT 210 INJURY WHILE	FOPERATION IAL CAUSE WAS G X OR IING CAUSE OF OCCURRED NOT WHILE	21b TIME OF HOUR AM DEATH 9:1500 21e PLACE STREET, FAC	FINJURY MONTH DA 8-6- DE INJURY (A FORY, FARM, ETC.)	AY YEAR 1984	ON WAS PERFORMED? The HOW INJURY OCC Operator in It. LOCATION STREET	URRED (ENTERN	Le/truck	coll	YES [X NO
MEDICAL CERTIFICATION	21a EXTERN UNDERLYIN CONTRIBUT 21d INJURY WHILE AT WORK 22a I cer death resu	IAL CAUSE WAS G X OR ING CAUSE OF OCCURRED NOT WHILE AT WORK	21b TIME OF HOUR AM DEATH 9:1500 21e PLACE STREET, FAC	FINJURY MONTH DA MONTH D	AY YEAR 1984 1984 held on	ON WAS PERFORMED? Operator in H. LOCATION STREET Northern Pk Liberty Hei Autopsy X, Insp e , Hamicide TITLE (SPECIF	URRED (ENTERN) 1 bicycl TWY & AT Hection Undete	Le/truck CITY OR TOWN Balto Inquiry Inquiry Termined manner	ond in r	YES [ORPART 2) ision. COUNTY my opinion	STATE Md.
MEDICAL CERTIFICATION	210 EXTERN UNDERLYIN CONTRIBUT 21d INJURY WHILE AT WORK	IAL CAUSE WAS G XOR ING CAUSE OF OCCURRED NOT WHILE AT WORK It that I took chain lifed from, Nat	21b TIME OF HOUR A.M DEATH 9:15M2 21e PLACE STREET, FAC Str	FINJURY MONTH DA 8-6- DF INJURY MONTH DA 108Y, FARM, ETC.) COEL cribed obove, Accident	AY YEAR 19 84 AT HOME. 2	ON WAS PERFORMED? Operator in H. LOCATION STREET Northern Pk Liberty Hei Autopsy X, Insp — Hamicide TITLE (SPECIF M.D. Assist	URRED (ENTERN) Dicycl Wy & Ar Ghts Ar Getton Undete	Le/truck CITY OR TOWN Balto. Haguiry []	onding	YES (ORPART 2) ision. COUNTY my opinion DATE IGNED 8-6	STATE Md.
23a. B	21a EXTERN UNDERLYIN CONTRIBUT 21d INJURY WHILE AT WORK 22a I cer death resu ACTUAL SIGNATURE EXAMINER' (TYPE OR PR	IAL CAUSE WAS G XOR ING CAUSE OF OCCURRED NOT WHILE AT WORK It that I took chain lifed from, Nat	21b. TIME OF HOUR A.M DEATH 9:15 STREET, FACE STREET, FACE ge of the remains des	FINJURY MONTH DA 8-6- DF INJURY MONTH DA NOTH	AY YEAR 19 8 4 AT HOME. ALL OF CEMETI	ON WAS PERFORMED? 716. HOW INJURY OCC Operator ir 11. LOCATION STREET NOTTHER PL Autopsy X, Insp E , Hamicide TITLE (SPECIF M.D. ASSIST	URRED (ENTERN DE DE DE DE DE DE DE DE DE DE DE DE DE	CITY OR TOWN Balto Inquiry Inquiry CAL EXAMINER	onding	YES (ORPART 2) ision. COUNTY my opinion DATE IGNED 8-6	STATE Md.

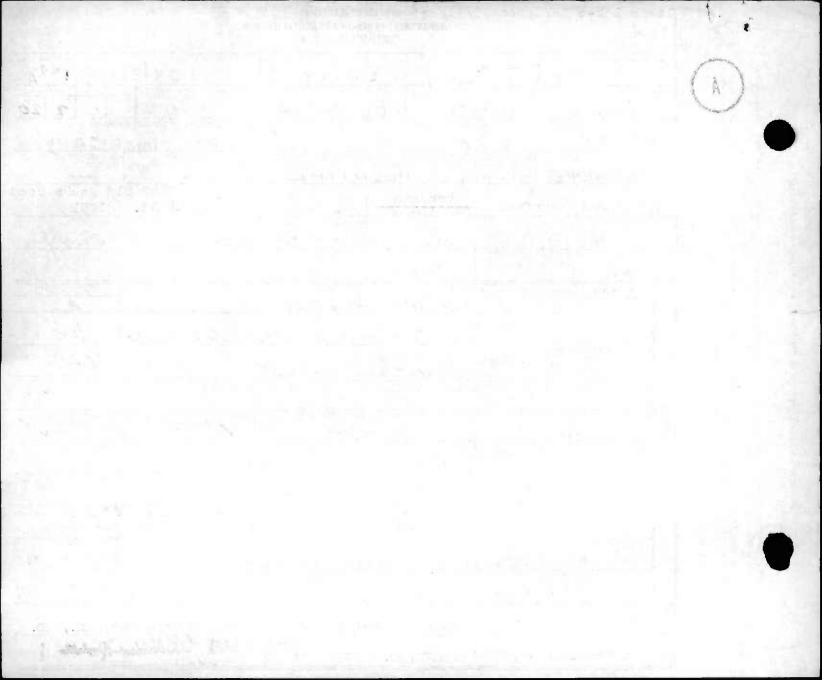
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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or ottending physician.

BP. DHMH-16 30M 2/80 (VRA 15, 4)

lt	ems 13b-e per ;	phone 9/11/84	da STATE OF MARYLAND	3 %	
1.	FOR - STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	REG. NO.	1217
	CEASED NAME FIRST	MIDDLE D	LAST	TO DATE OF BEATT	AY YEAR 2b. HOUR
0	BAR	HAWN BBOY	CERNY	083	1184 157 AM
3. SE	X	4. RACE	5. DATE OF BIRTH MONTH DAY YEAR		IF UNDER 1 YEAR IF UNDER 24 HRS. ONTHS DAYS HOURS MIN.
	MALE	WHITE	08 30 84	O YRS.	0 7 20
7a B	COUNTRY	TO CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	
10.0	MD, U. S.A.	U.S.A	WIDOWED DIVORCED ING HOME OR OTHER INSTITUTION	BALTIMO	RECITY, MI
) 6	34	(IF NOT IN SUCH FACILITY, GIVE STREET	ET ADDRESS)	TYPE OF WORK FOR MOST OF WORKING LIFE	INDUSTRY
_	IAL RESIDENCE (IF NURSING HOME OR)	ST. AGNES	HOSPITHL PRE ADMISSIONI	3647 (Old Robin Hoc
130.	Mayland Har	ford Range	YES NO [13e. STREET ADDRESS A Rd.	21001 /
	ATHERS NAME		15. MOTHER'S MAIDEN NA	AME	
11	DAVID '	AIDDLE LAST	WILL FIRST BE	LINDA MIDDLE ?	CERNY
	WAS DECEASED EVER IN U.S. ARA		URITY NO. 17. INFORMANT	ADDRESS	
4	(YES, NO OKUNKNOWN) (IF YES, GIVE	No.	NE CHART		
	18 CAUSE OF DEATH (Enter and	y ane cause per line for (a), (b), a			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED IMMEDIATE	E CAUSE (0) OHRDI	AC ARREST		0
		DUE TO, OR AS A CONSEQ	UENCE OF	FMBRANE DISEAS	of Three
	Conditions, if ony, which gove rise to immediate	(b) SEVE	RE HYAZIVE MI	THBRANC ELSEN	4 /10/3
	cause (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEO	UENCE OF BABLE SEPSI		7 kis
	PART 2. OTHER SIGNIFICANT C		DEATH BUT NOT RELATED TO THE TERM		INLINI BART 1/a:
Z		NONE	DEATH BOTTO RELATED TO THE TERM	MINAL DISEASE ON CONDITION ONE	THE PART HO
CERTIFICATION	190. DATE OF OPERATION	19b. CONDITION FOR WHIC	H OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YES,	WERE FINDINGS USED
/ LE	NA		NA	YES NO YES	/
/	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	21b. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR	RRED THE WATURE OF INJURY IN ITEM 18 PA	RT I ORPART 2)
MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M. N/4	7 19	VA	
MED	21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE	FARM, ETC)	CITY OR TOWN	COUNTY
	AT WORK AT WORK		NA NI	May SI	84
	sow the deceased alive on	al) attended the deceased from	6 4 /	death accurred on the date and hour	ond from the causes stated
	abave, (I) (we) (did) (did not 22b. SIGNATURE) view the body ofter death.	DEGREE		22c DATE SIGNED
	ande	France	MA ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	8-31-84
-	22d. PHYSICIAN'S NAME (TYPE OF	R PRINT)	22e ADDRESS		
	Joyce	Evans, mi) 900 Catz	in Avenue. t	Balt, MD 2122
	BURIAL, CREMATION, REMOVAL	23b. DATE 23c	NAME OF CEMETERY OR CREMATORY	23d. LOCATION	COUNTY STATE
23a	DONIAL, CREMATION, REMOVAL			CITY OR TOWN	
230	(SPECIFY) BURIAL	8SEPTEMBER84	ANGEL HILL CEMETERY	HAVRE de GRACE, HA	
24 F	BURIAL SUNERAL DIRECTOR TCHELL FUNERAL HOME		25g_DA	HAVRE de GRACE, HA	ARFORD CO., MD.



page 3

ond completely filled in by the

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and coi should be detached for use as the burial-transit permit. Then please remove carbanpapers. Pages 1 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remaval.

ATTENDING PHYSICIAN:

TO HOSPITAL OR ATTEN

injury, or other troumatic event, the

IMPORTANT: If them 21 is morked or them 18 shows

deoth. Page 4 may be

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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FOR STATE REGISTE	RAR			DEPARTA		EALTH AND	MENTAL HY	GIENE 8	REG. N	2	1 2	1 8	
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BAUTI	MORE WINDE	Md		HOSPITAL, NURSIN HEACHITY, GIVE STREET		ARTO	AND		COCCUPAT ORK FOR MOST	ION OF WORKING LIFE		OF BUSINESS C)R
130 STATE MARTU		OUNTY BA	LTD	GIVE RESIDENCE BEFORE	ADMISSION)	13d. INSIDE	CITY LIMITS?	13e.STREET	ADDRESS FUSE(A 6G A	UE. M	DUFRUE	end
14. FATHER'S N	AME RST W/E	- L MIDI	CHA	APPELL		15. MOTHE	EIRST AUR	AME P/9	MIDDLE	DAU	15	AST	
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23c. NAME OF CEMETERY OR CREMATORY

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DHMH - 16 50M 4/83 (VRA 15, 4)

230. BURIAL, CREMATION, REMOVAL REMOVAL BURIAL 24 FUNERAL DIRECTOR 23b. DATE 8/13/84

CONNELLY

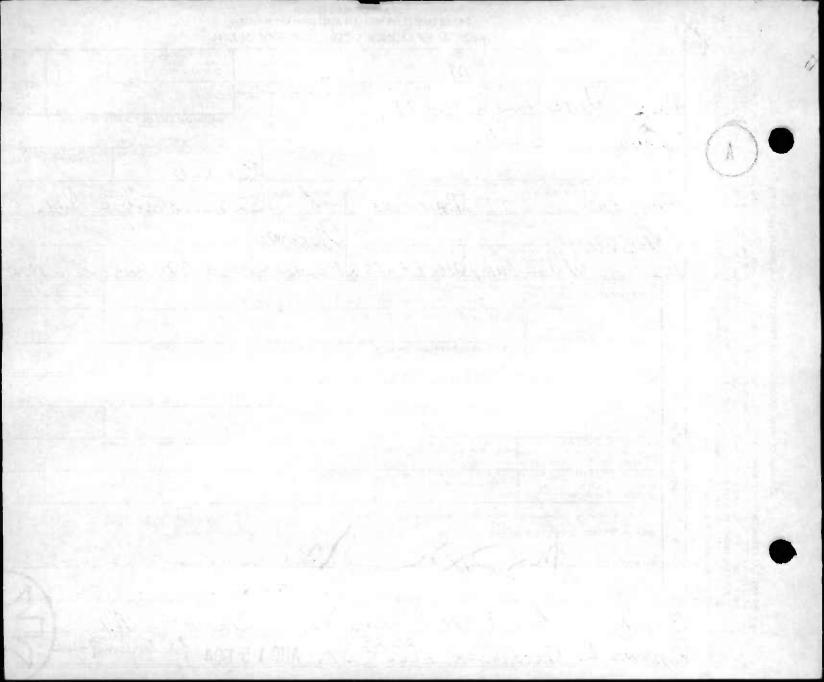
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23d LOCATION
CITY OF TOWN
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25e DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
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AUG 1 4 1984

E Chi Justinia Dana - ALL AMENTURE INTER SALTIMENT AND CONTROL ST. P. STURMER AND ITHERE DITIONE DIVERTIFIED BY BEAT OF THE MINUTERING TO STATE CHOICE ACE, MINUTERIAL DITEL SHAFFILL LAND DINGS . STANK CHARTON ARE SO WE KATHERING CHARTON CHENON TESTEN PRODUCTIONS DESCRIPTION THOUSAND PROBLEM SERVICES 128/018 / THE STATE OF STAINS AND ASSESSED.



requires that the death certificate be executed within 24 hours after

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, should be detached for use as the burial-transit permit. Then please remove carbon papers. Page 1 and 2 should be filled within 72 hours aftill with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, ar other traumatic event, the medical

IMPORTANT: If them 21 is marked or them 18 shows any

notified of once.

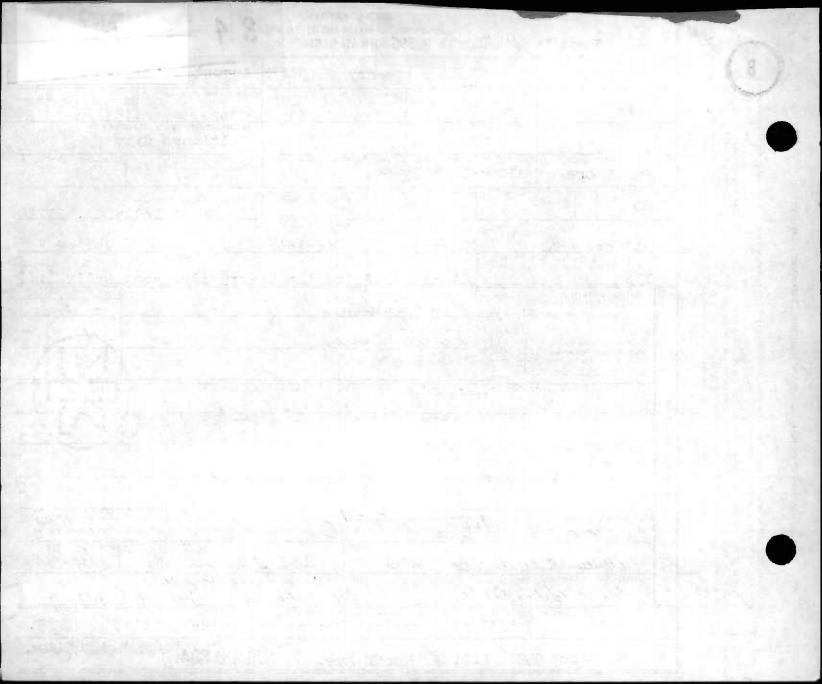
DEPARTMENT OF HEALTH AND MENTAL HYGIE 4 - 21220 FOR STATE

Robert L. Cherry SR. August 26 1984 Male Black		GISTRAR 1 LE	ms#za	9/14/01	MIDDLE	P#JOKKIII	FICATE OF DEA	чи		NO.	DAY YEAR	Ter contra
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270. I certify that (I) (this hospital) attended the deceased from 19	210					OFFICE, FARM ETC)			CITY O	RIOWN	COUNTY	STATE
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BURIAL, CREMATION, REMOVAL 336. DATE 8/31/84 Garrison Forest VA OUT OF TOWN ON THE SUBSTITUTE OF THE STATE OF	L			Value	tell	AND	PH	ENDING YSICIAN	MEDICAL S DIRECTOR PHY	TAFF SICIAN [8/2	8/84
FUNERAL BY31/84 Garrison Forest VA Owings Mills, I	22 d	ldr C	- Waf	erfre	11		900 0	St A	tue B	", fal M	1 211	229
			REMOVAL		/84					s Mill	s ,	M'd's
	FUNE	RAL DIRECTOR						25a. DATE	REC'D. BY REGISTR	AR 256 PEQUE	TRAR'S SIGNAT	URD
Nm. Mc. March F/H 1101 E, North Aye. AUG 2 8 1984 Juna Davidson-Name			rch F	/H 1	101	PRESS NT	h 7	M	IG 2 8 100	1 gruna	, wavidson-	-Mandall

1101 E, North Aye.

DHMH-16 30M 2/80 (VRA 15, 4)

BP.



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. DECEASED NAME 20 DATE OF DEATH MONTH 26 HOUR (TYPE OR PRINTS **JESSIE** H. CHILDS 8 16 84 2:50 4 RACE 3 SEX 5 DATE OF BIRTH AGE TIN YEARS LAST BIRTHDAY IF UNDER I YEAR IF UNDER 24 HRS MONTH YEAR White Female. 10 92 27 To BIRTHPLACE (STATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED Maryland U.S. Balto. City CITY OR TOWN OF DEATH NAME OF HOSPITAL. NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 17h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE 2815 Overland Ave. Balto. Homemaker JOUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 13b COUNTY Balto. 2815 Overland Ave. 13d INSIDE CITY LIMITS? Md. 21214 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDIE LAST Howeth Jesse Evans Hurst Cleopatra McDora 166 SOCIAL SECURITY NO 160 WAS DECEASED EVER IN U.S. ARMED FORCES 17 INFORMANT NO OR LINKNOWNS (IF YES, GIVE WAR OR DATES) 219-10-1550 Mr. Walton Childs - Same as #13 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per PART I. DEATH WAS CAUSED BY FRONTAL 2 MO IMMEDIATE CAUSE LUNG Metastate CA Conditions, if ony, which gove rise to immediate couse tal, stating underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS TING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 19n DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DOWNH? NOF 21a. ACCIDENT WAS UNDERLYING 71b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER! P.M 19 21d INJURY OCCURRED 218 PLACE OF INJURY 211 LOCATION COUNTY (AT HOME, STREET, FACTORY OFFICE FARM ETC.) CTREET CITY OF TOWN STATE WHILE NOT WHILE 22a I certify that (1) (this haspital) attended the deceased from sow the deceosed olive on and that in (my) (corr opinion death occurred on the date and hour and from the causes stated obove, (M (we) (did) (did not) view the body ofter death 226. SIGNATURE DEGREE 22c. DATE SIGNED

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DIRECTOR

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DHMH - 16 50M 1/81 (VRA 15, 4)

24 FUNERAL DIRECTOR NAME

CGOF 230 BURIAL CREMATION, REMOVAL

Remova 1

ANATOMY BOARD

8/16/84

BALTO., MD.

23c. NAME OF CEMETERY OR CREMATORY

23d LOCATION CITY OF TOWN

DIRECTOR PHYSICIAN

MEDICAL

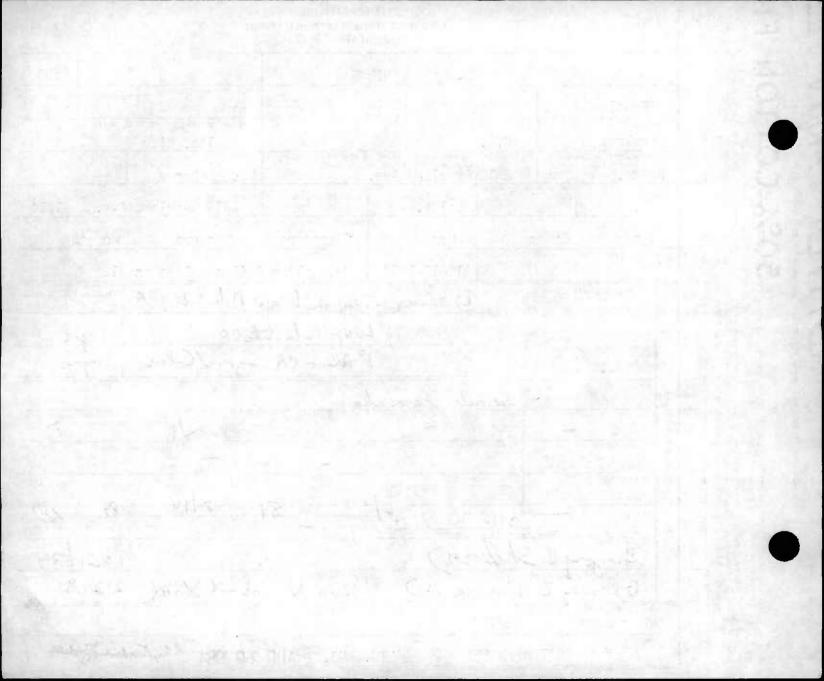
ATTENDING

COUNTY

STATE

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE
ALLO O 1000 Proposition Davidson - Handale

STAFF



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SIAIL	10	MARYLAND	

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE REGISTRAR				CERTIF	ICATE OF DEA	TH	0	REG. NO.	dia.	6 6.00		
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Wind	Chi	ick	C HIA)	15. MOTHER'S MA	IDEN NA				LAS		
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OR CONTRIBUTION	AS UNDERLYING COME CAUSE OF DEATH	HOUR A.	M. MONTH D M.	AY YEAR		Y OCCUR	RRED (ENTER NATUR	E OF INJURY IN IT	M IS PART	I OR PART ?)		è
WHILE AT WORK	NOT WHILE AT WORK			FARM, ETC.)	ZII. LOCATION STREET		(ITY OR TOWN		COUNTY	5	STATE
sow the dobove (1)	ecceosed alive on _ (we) (did) (did not)	view the body	August 29. 1984 August 29. 1984 August 29.									
	Dr. Del					Bal	ltimore	Gene	ral	Hosp		
230 BURIAL, CREMA BUTTA1	TION, REMOVAL	23b. DATE 7 Ser						oklyn	0	Ne	w Y	örk

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and a should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, or other troumotic event, th

with the Stote Depr. of the Stote Dep. of t

Sept.1984 Evergreen Cemt.

Brooklyn

New York

24 FUNERAL DIRECTOR FUNERAL HOME, Glen Burnie, MDEP 4 1984 Julia J













TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physicion and campletely filled in by the furning should be detached for use as the busial-transit permit. Then please remove carbon-papers. Pages 1 and 2 should be filled within 7 with the State Dept of Health and Mental Hygiene prior to busind, cremotion, or removal.

BP. DHMH - 16 50M 4 (VRA 15, 4)

40

	1-	FOR STATE REGISTRAR		DEPARTMENT OF H	OF MARYLAND EALTH AND MENTAL HYG CATE OF DEATH	REG. NO.	1 2 2 3
		CEASED NAME FIRST CHARLES	6 W		DEN	August 31,1	984 25 HOUR 984 9;15 A
1	3 SE	x Male	4 RACE White	5 DATE O	DAY YEAR		FUNDER 1 YEAR IF UNDER 24 HRS
be		IRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHA	T COUNTRY2 8	. 23, 1906 NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	
2.		laryland ITY OR TOWN OF DEATH		WIDOWE	D DIVORCED	Baltimore City 120 USUAL OCCUPATION	12b. KIND OF BUSINESS OR
nom.		altimore	6005 Pir	nehurst Rd.		(TYPE OF WORK FOR MOST OF WORKING LIFE) Auditor	Electronics
a sign	130. 5	STATE 136 COUN	13c. (13d. INSIDE CITY LIMITS? YES 🔯 NO 🗌	13. STREET ADDRESS / ZIP CODE 6005 Pinehurst	Rd. 21212
X X X X	14 FA	Ranson	Chitt	enden	15. MOTHER'S MAIDEN NA/ Elizabeth	ME MIDDLE	Freedy
edicale	16a V	WAS DECEASED EVER IN U.S. AR	MED FORCES? 16b	SOCIAL SECURITY NO. 16-01-9480	17 INFORMANT	ADDRESS	
nt, the m		18 CAUSE OF DEATH (Enter on PART I, DEATH WAS CAUSE	ly one cause per line f		,	ittenden 6005Pine #SCVD	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
y injury, or other troum	TION	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost PART 2 OTHER SIGNIFICANT C		CONSEQUENCE OF CONSEQ	NOT RELATED TO THE TERM		N IN PART 110
shows or	CERTIFICATION	1983	Musey	explectory	force		ING CAUSES OF DEATH?
or Hem 18	MEDICAL C	OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER 214 IN JURY OCCURRED	HOUR A.M.	MONTH DAY YEAR 19	211 LOCATION		
orkedo	ME	WHILE NOT WHILE AT WORK	(AT HOME STREET FA	ACTORY OFFICE FARM ETC.)	STREET	CITY OR TOWN	COUNTY STATE
n 21 is m		220 I certify that (I) (this hospi sow the deceased alive on above, (I) (we) (did) (did a		deoth, 19 54, an		to 31-84, 1 death occurred on the date and hour	
ANT: #		226. SIGNATURE Trefletele 274 PHYSICIAN'S NAME (2005)	Walles	ver Mi	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	8-31-84
MPORTAN		Frederick	J. Vollme	· <u> </u>	6100 York		
_		BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation	23b DATE 9-1-84	Green	Mount	23d LOCATION CITY OF TOWN Baltimore, Ma	county STATE
/B3		uneral director enry W. Jenkii	ns & Sons	ADDRESS 4905 N	rork Ra	E REC'D. BY REGISTRAR 256 REGISTR	

. A Lit of the control of the contro 77 - 1 li one il alli on the state of the state 4 nean Dritters an New York at et Eur Jan E. Onitenen Lucalinalungt Pd. The second of the second conservation of the conser unilyan ile succession to deliver the contract of the contract ri: r L y rin . __1

page 3

Poges 1 and 2 sh

the burial-transit permit. Then please remove or ond Mentol Hygiene prior ta buriol, cremotion, this certificate has been signed by the

should be detached far use as the with the State Dept. of Health and TO FUNERAL DIRECTOR: After retained by the hospital or

IMPORTANT: If Hem 21 is

morked or Hem 18 shows ony

1.	STATE REGISTRAR		DLI AKIN	CERTIF	ICATE OF D	EATH	REG. N	f 49		£ +6	Ca ·
	CEASED NAME FIRE CORPRINT)	N A	WIDDLE	CHOJN	OWSKI			Aug.	19.	YEAR 1984	26. HOUR
3 SE	Х	4 RACE		S. DATE (YEAR	6. AGE (IN YEARS LAST BIRT	HDAY)	IF UNDE		IF UNDER 24 HRS
1	FEMALE	CAU	CASIAN	1		1900	83	YRS.		DATS	HOURS MIN
	IRTHPLACE ISTATE OR FOREIG	N 76. CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOWI		AARRIED 🛣	BALT IMORE			ATH	ME
10. €	BALTIMORE	(IF NOT IN SL	HOSPITAL, NURSIN CHEACILITY, GIVE STREET S. ANN STI	ADDRESS)	21231	TITUTION	120 USUAL OCCUPATION OF WORK FOR MOST OF SEAMSTRES	F WORKING	LIFE) IND	KIND OUSTRY	F BUSINESS OR
130 MA	ARYLAND	OME OR OTHER INSTITUTIO COUNTY	13c. CITY OR TOW BALTIMON	'N	13d INSIDE C	NO 🗌	13e STREET ADDRESS 811 S. AN	N ST.	212	31	
14. F	ATHER'S NAME WALENTY	MIDDLE	CHOJNOWS	SKI		MAIDEN NAM FIRST XANDRA	MIDDIE			UNK	
	WAS DECEASED EVER IN L YES, NO OR UNKNOWN) (IF	J.S. ARMED FORCES? YES, GIVE WAR OR DATES)	166 SOCIAL SECU 212-10-4		17. INFORMA		ADDRE		RD.	2]	234
	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last. DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF										
NO	PART 2 OTHER SIGNIFIC	CANT CONDITIONS C	ONTRIBUTING TO E	DEATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE OR CON	DITION G	IVEN IN F	ART 1(c	,
CERTIFICATION	198. DATE OF OPERATION	196 CON	DITION FOR WHICH	OPERATIO	ION WAS PERFORMED 200 AUTOPSY? 200. IF YES, WERE FINE IN CERTIFYING CAUSE YES NO YES YES						
	218. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS	OF DEATH HOUR	DF INJURY M. MONTH DA M.	AY YEAR	21¢ HOW IN	JURY OCCURR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18	B, PART 1 OR	PART 2)	
MEDICAL	21d. INJURY OCCURRED WHILE AT WORK	CAT MOME S	OF INJURY TREET, FACTORY, OFFICE, F	ARM, ETC.)	21f LOCATION STREET	N	CITY OR TOV	VN VN	COU	MY /	STATE
	220.1 certify that (I) (this above II) (we) (did)	-	15- 110x	/-	nd that/m(my)	our) opinion o	to	ote and ha			
	22d PHYSICIAN'S NAME	(TYPE OR PRINT)	Janel	4/	Cle 1 A	TTENDING S	MEDICAL STAI		8	-20	0-84
	Dr. Theodor		k M.D.		DV41625-5		er St. Balt	o. M	d. 2	1231	an Francisco

230. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial 24 FUNERAL DIRECTOR

DHMH-16 60M 1/73 (VR A 15 (4))

TO HOSPITAL OR ATTENDING PHYSICIAN: The

236 DATE

M.D. 23c NAME OF CEMETERY OR CREMATORY

429 S. Chester St. Balto. Md. 21231 23d. LOCATION CITY OR TOWN

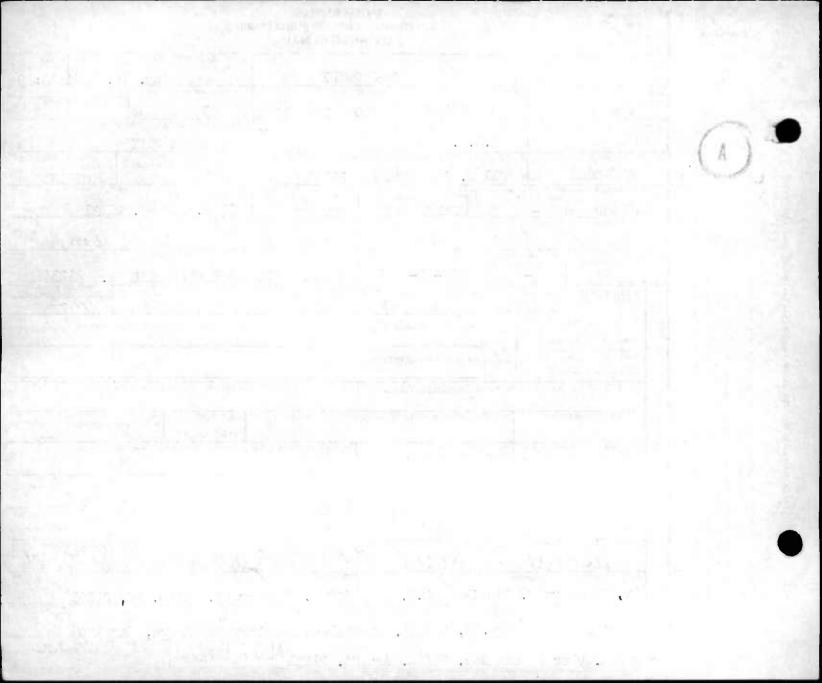
COUNTY

STATE

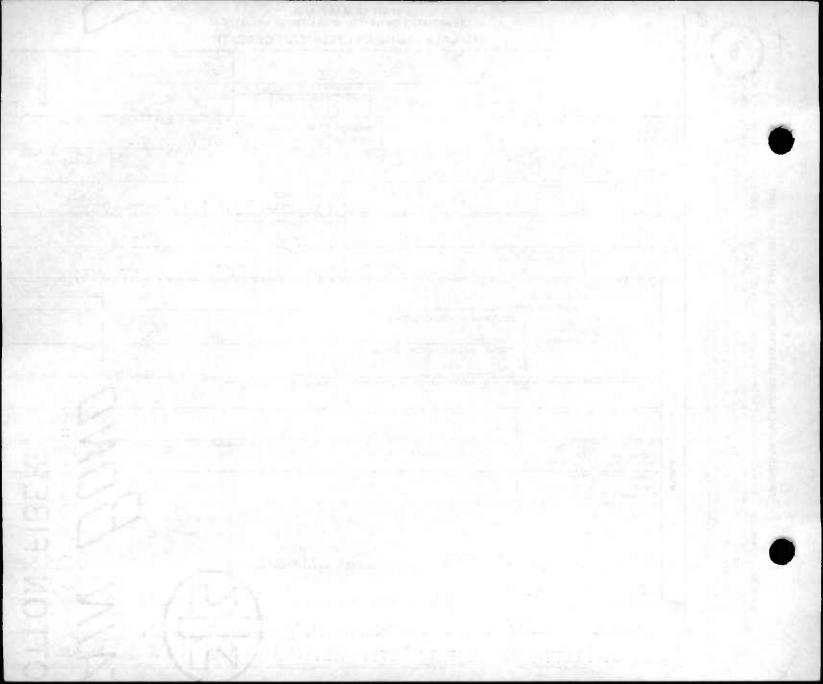
.1984 St Aug. 22

Stanislaus Cemetery Baltimore, Maryland

25 PATE REC D. BY REGISTRAR BLAEGISTRAR'S SIGNATURE
Apr. St. 21231 AUG 2 1 1984 A. Weber & Sons Inc. 705 S. Ann St. 21231



8		FOR	DEPARTMEN	STATE OF MARYLAND T OF HEALTH AND MENTAL H	YGIENE	01005
1	-	STATE REGISTRAR		MINER'S CERTIFICATE O	F DEATH REG. NO	D.
1		EASED NAME FIRST OR PRINT)	WIODLE	LAST	20. DATE KNOWN X	
L		CARTI		CLARK	DEATH MATED L	8 26 19 84 ,
ľ	3 SEX	4 RACE	MONTH DAY YEAR LAS	E (IN YEARS IF UNDER 1 YR. IF UNDER MONTHS DAYS HOURS	MIN PRONOUNCED	MONTH DAY YEAR 24 HOUI
	MA		6/17/41 43	YRS.	DEAD	8 26 19 84 PA
İ	NO	RTHPLACE (STATE OR	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIE	EDXX -	
		altimore	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET A St. Agnes Hospi	DORESS)	FOR MOST OF WORKING LIFE)	E OF WORK 17b KIND OF BUSINESS OR INDUSTRY
1		L RESIDENCE (IF IN NURSING HOME	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE	ADMISSION)	13e STREET ADDRESS	21216
ı	130 31	MD.	BAL TO	YES NO D	1109 FLLAMO	NT AVE
İ	14. FA	THER'S NAME	MIDOLE LAST	15. MOTHER'S MAIDE		LAST
l	Jo	HNNIE	CLAR	K MARY		AIR
I	16a W	AS DECEASED EVER IN U.S. AI	E WAR OR OATES)	ECURITY NO. 17. INFORMANT	ADDRESS	
ŀ		NO	220-36		R 2237 ELLAM	
l		18 CAUSE OF DEATH (Enter of PART I DEATH WAS CAUST	nly one couse per line far (o), (b), and ED BY:			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
I			ATE CAUSE (0) Alcoholis			
ı		Canditions, if ony, which		JENCE OF		
ı		gove rise to immediat couse (a) stating the under		IENCE OF	4,0	
ı		lying cause lost.		ENCE OF		
١		PART 2 OTHER SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE OR CONDITION GIVEN IN PAR	RT 1 (a)	
l	NO	1 - 1 1 - 1 1 - 1				
1	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED?		20 AUTOPSY?
J	TIFE					YES X NO
		210 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF	216. TIME OF INJURY HOUR A.M. MONTH DAY DEATH P.M.	YEAR 21c. HOW INJURY OCCURRED	D LENTER NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2]
	MEDICAL	214. INJURY OCCURRED WHILE NOT WHILE	21e PLACE OF INJURY (AT STREET, FACTORY, FARM, ETC.)	HOME. 211 LOCATION	CITY OR TOWN	COUNTY STATE
		AT WORK AT WORK	rge of the remains described above, he	Id an Autapsy X Inspection		46
1			ural causes X, Accident .	Id an Autapsy . Inspection Suicide . Homicide .	Undetermined manner .	d in my apinion
-		A	Accident	TITLE (SPECIFY)	Condeternimed fildinier	
		ACTUAL SIGNATURE	3 X M	Assistant	MEDICAL EXAMINER	DATE 8-27-84
		/ ' /				
1		(TYPE OR PRINT) Ann	M. Dixon, M.D.	ADDRESS 111 Pe	enn St., Balto.	, Md. 21201
	23a. Bl	JRIAL, CREMATION, REMOVAL		OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
1	24. FI	BURIAL	9/1/84 MT.	AUBURN CEM 1250. DATE R	L BALTO MD	STRAR'S SIGNATURE
1	1 -		4600 LIBERTY			widson-Randell
Ĺ		NOI OI DILI	1000 EIDENIT	1.0.01	J V NUT	



(VR A15 ME (5)) 20M 4/B2

STATE OF MARYLAND

DEPARTMENT (OF HEALTH AND MENT	AL HYGIENE
MEDICAL EXAM	INER'S CERTIFICAT	E OF DEATH
WIDDLE	LAST	2a DATE KN

ł		FOR STATE					H AND MENTAL H		4-3	2 1	2 2	6
Į	and the same	REGISTRAR		WED	MIDDLE XAN	AINER'S	CERTIFICATE C		REG. 14			
ı		CEASED NAME OR PRINT)	E FIRST		WIDDLE		LAST		OF ESTI-		OAY YEAR	76 HOUR
ı			John		T.	Cl	ark	D	DEATH MATED			M
1	J. SEX		4. RACE	S. DATE OF BIRTH			NDER 1 YR. IF UNDER		DATE	MONTH	ĎAY YEAR	7:18
ı	Ma	le	Black		1919 65	YRS. MON	THS DAYS HOURS	MIN PRO	DEAD	8/21/	84 19	PM
1	a BIF	RTHPLACE (S	TATE OR	76. CITIZEN OF WH	AT COUNTRY?	I t	RIED M NEVER MARR	9. B	SALTIMORE CITY			
-		reign country) ryland	9	U. S.	Δ.	WIDO	The same of the sa		altimore (City		110
4		Y OR TOWN		11. NAME OF HOSE					OCCUPATION (TYP		NIND OF BI	MD.
7		Baltim		(IF NOT IN SUCH FAC	ILITY, GIVE STREET ADDR				OF WORKING LIFE)			
4	LICLIA			DR OTHER INSTITUTION, GIV	ospital	MAIR CAOL II			orer		Distill	
1	13a ST		13b. COUN		13c. CITY OR TOV	VN	134. INSIDE CITY LIMITS?		ADDRESS3486			
7	Ma	ryland			Baltimo	re	YES NO	Balti	more, Mar	ryland	21215	5
1	14. FA	THER'S NAM	E	MIGGLE	LAST		15 MOTHER'S MAIDI	ENNAME	WIDDIE		LAST	
		John		H.	Clar	k	Mamie			Br	ansom	
1			DEVER IN U.S. AR		166. SOCIAL SEC	URITY NO.	17. INFORMANT	34	86 polytis	ald Av	enue	
ı	{AF	Yes	OWN) (IF YES, GIVE		215-12-	9984	Vivian Cla		ltimore,			215
ł							Wavadi Cac	III Du	I CIMOLC !	110272	APPROXIMAT	TE INTERVAL
1		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c),) PART I DEATH WAS CAUSED BY: Arteriosclerotic Cardiovascular Disease							BETWEEN ONS	T AND DEATH		
1		IMMEDIATE CAUSE (o) THE CONSEQUENCE OF										
1		Conditions, if ony, which										
		gave ri	ise to immediate	(b)								
		lying car) stating the <u>under</u> - use last.	DUE TO, OR	AS A CONSEQUEN	NCE OF					30.00	
	77	(c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d).										
۱					UT NOT RELATED TO THE	E TERMINAL DISEA	ISE OR CONDITION GIVEN IN PA	ART 1 (a)				
1	NO	Diabetes Mellitus										
	AT	19a DATE OF	FOPERATION	19h CONDIT	ION FOR WHICH OPERATION WAS PERFORMED?						20 AUTOPSY	?
4	IF										YES 🗆	NOX
7	CERTIFICATION		AL CAUSE WAS	21b. TIME OF			HOW INJURY OCCURRE	ED LENTER NATU	IRE OF INJURY IN ITEM 18	PART I OR PART	2)	
)		UNDERLYING	G OR ING CAUSE OF I		MONTH DAY							
d	MEDICAL	THE INTITION	OCCUPPED	21e PLACE O			OCATION					
	ME	WHILE	NOT WHILE C	STREET, FACTO	ORY, FARM, ETC.)		STREET	Cri	TY OR TOWN	COUN	ITY	STATE
1		AT WORK	AT WORK						(77)			
	4	22a I cert	ify that I took charg	je of the remains desc	ribed obave, held	an Auto	psy , Inspectio	on 🔲 . 🔟	Inquity X, or	nd in my opir	ion	
	- 1	death result	ted from: - Notw	ral-couses_ X,	Agrident:	Suicide	, Hamicide ,	Undeterm	ined monner .			
				A	As		TITLE (SPECIFY)					
		ACTUAL SIGNATURE		X	10		M.D. Assista	antwenka	LEYAMINER	DATE	8/22/	/84
5		JOI THI OILE	-	1	-			- MEDICA	E EXAMINER	3101420		
4	-	EXAMINER'S (TYPE OR PRI	NAME Gre	eogry R. K	auffman.	M.D.	_ADDRESS11	ll Penn	St.			
-	73a BI		ATION, REMOVAL 2				OR CREMATORY	23d. LOCA				
	(5	PEC (FY)	urial	8/25/1984			Cemetery	CITY OR FO	OWN	COUNT		STATE
	24.161	THE HERE		2501 Gwynn				REC'D. BY REC	Baltir GISTRAR 256_REG		Maryla BNATURE	and
			COUNTY OF	ADDRESS	e tarra	Larkwa			1.1:	Davidse		12
1	144	erer H	tome Inc.	Baltimore	, Marylan	nd 212	TO VII	G 2 4 1	DRA TUM	S to see fallen		

בר כברנים Lucian Distillery Initiates M. Baltimoro, Maryland 21015 on E 215-17-5981 Mivian Clark Bultimore, Enryland 21215 THE BUSY OF THE STATE OF THE ST oftimers, three no

iste s sons 2502 grynna 2511. Photol yes 182 Baltimore, Harving 20216

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the funeral directar, pagshould be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be filled within 72 hours ofter dewith the State Dept. of Health and Mental Hygiene prior to burial, cremotion, or removal. TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page injury, or other troumotic event, the medical exom

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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Ü	-1	Con	3	6 10	Comp	9
	REG NO					

1 -	FOR STATE REGISTRAR		DEPART		IEALTH AND MENTAL HYG ICATE OF DEATH	9	REG. NO.	2 1	La	2 9
	CEASED NAME FIRST	,	AIDDLE	1	AST	20 DATE OF DE	ATH MONTH	DAY	YEAR	26 HOUR
(1176	Maria			Cle	mentous		8	12	84	M
3 SE)	(4 RACE		S. DATE O		& AGE (IN YEARS	LAST BIRTHDAY)		DER I YEAR	IF UNDER 24 HRS
	female	wh	ite	MONTH 6	23 1921	63	YR	MONTH	DAYS	HOURS MIN.
	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.		9 BALTIMORE			EATH	
	Greece	US	A	WIDOW	DE HETEK MAKKED	Ba 1	tomore	Cit	У	MD.
10. CI	TY OR TOWN OF DEATH Baltimore	(IF NOT IN SUC	OSPITAL, NURSIN H FACILITY, GIVE STREET	ADDRESS)	OR OTHER INSTITUTION	17s USUAL OCC (TYPE OF WORK FOR	CUPATION R MOST OF WORKIN	G LIFE) IN	DUSTRY	F BUSINESS OR
	AL RESIDENCE (IF NURSING HOME- ITATE 13b. COI Maryland		GIVE RESIDENCE BEFORE 13c. CITY OR TOW Baltimo	N	13d INSIDE CITY LIMITS? YES K NO	705 To 1	na Stre	et 2	1224	
14 FA	THER'S NAME FIRST Sava	MIDDLE	Tsakir	is	15. MOTHER'S MAIDEN NA FIRST Trene		IDOLE		LAS	1
	VAS DECEASED EVER IN U.S. A	ARMED FORCES?	166 SOCIAL SECU	IRITY NO.	17 INFORMANT		ADDRESS			
(1	No No	DIVE WAR OR DATES)	219-30-7	232	Clemis Kaiki	s - 700	Umbra S	stree	t	21224
MEDICAL CERTIFICATION	Canditions, if ony, which gove rise to immediate cause (o), stating the underlying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH			ENCE OF ISE		200 AUTOPS	Y? 20bIF	YES, WEI	RE FINDIN	YEARS YEARS OF DEATH? NO
CAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF C (IF EITHER NOTIFY MEDICAL EXAMIN		M. MONTH D	AY YEAR	216 HOW INJURY OCCUR	RED (ENTER NATURE	OF INJURY IN ITEM	18 PART I C	OR PART 2)	
MEDI	21d INJURY OCCURRED WHILE ON WHILE OF WORK	21e PLACE ((AT HOME, STR	OF INJURY EET, FACTORY, OFFICE, F	ARM, ETC }	21f LOCATION STREET	CI	ITY OR TOWN	c	OUNTY	STATE
	220.1 certify that (1) (this has sow the deceased alive a abave, (1) (we) (did) (did)	on 198	19	, 01	nd that in (my) (our) opinian	, to	n the dote and	hour ond	from the	
	226. SIGNATURE LUPLY 1220 PHYSICIAN'S NAME (TYPE	K Pa	estren	she	ATTENDING PHYSICIAN [MEDICAL 4 DIRECTOR	STAFF PHYSICIAN [22. DATE	13/84
23a. B	SURIAL, CREMATION, REMOVA			NAME OF C	EMETERY OR CREMATORY	23d LOCATIO)N		Ntv	STATE
L_'	Burial	8/14/8	34 C	ak La	wn	CITORI	I	Balti	more	Md
	INERALDIRECTOR NAME Valter Dabrows	ski - 100	5 Dunda 1	k Ave		G 2 0 19	4. June	Daoid	SHOW	andres

BP.

retained by the hospital or offending physicion.

DHMH-16 30M 2/80 (VRA 15, 4)

IMPORTANT: If Hem 21 is morked or Hem 18 shows ony

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11 63			280	
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765 1645 90100 44820	×	mammaic		Barytank
	PHPS.	ar Jac.		5117
ikis - 700 Lobra Street 1121		2257-W-F2	2	0.
13 - Nu 1	09.60	Since	F - 1 - 1 - 1 - 1 - 1	12,102
1,280, 32,000	.vese 21224	v all course	Teni - L.	2 77 2 2 2 5

5	1.	FOR STATE REGISTRAR	DEPAR	STATE OF MARYLAND FMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE & A	21227
oy be decth	X	CEASED NAME FIRST Joh		Clark 15. DATE OF BIRTH	20. DATE OF DEATH MONT	8:31 am
_ (A)	3. SE	Male	white	MONTH 21 1911	72	MONTHS DAYS HOURS MIN.
from the thin Alice		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED WIDOWED DIVORCED		NO. MD.
The date of the state 0. C	altimore	11. NAME OF HOSPITAL, NURS LIF NOT IN SUCH FACILITY, GIVE STRE		120. USUAL OCCUPATION TYPE OF WORK FOR MOST OF WOR	KING LIFE) 126. KIND OF BUSINESS OR INDUSTRY FIRE Q.	
ND 212 24 hav 24 hav suld be	USU. 13a S	AL RESIDENCE IN NURSING HOME OF	ROTHER INSTITUTION GIVE RESIDENCE BEFO NTY 136, CITY OR TO	ORE ADMISSION)	130 STREET ADDRESS	eton Love
with with olete od 2 amin	14. FA	THER'S NAME	MIDDLE Clark	15. MOTHER'S MAIDEN N		Genthith
BALTIMORE, M. are be executed are be executed spers. Pages 1 or ord.		VAS DECEASED EVER IN U.S. AF	RMED FORCES? 166. SOCIAL SEC VE WAR OR DATES) 215-01	7-990 James Cla	ADDRESS VK 2302-Tax	hetre Bult Md
res that the death certific res that the death certific med by the ottending phi optical, cremation, or rema virial, cremation, or rema	Z	PART I. DEATH WAS CAUSE IMMEDIA Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEO (b)	openpicatory as		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH ON GIVEN IN PART 110
RECO	CERTIFICATION	198. DATE OF OPERATION	196. CONDITION FOR WHIC	HOPERATION WAS PERFORMED		IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES \(\) NO \(\)
NN. hysicat room	MEDICAL CER	218. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING] CAUSE OF DE LIF EITHER NOTIFY MEDICAL EXAMINE	HOUR A.M. MONTH P.M.	DAY YEAR 19	RRED (ENTER NATURE OF INJURY IN IT	EM 18 PART 1 OR PART 2)
	WED	21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK	210. PLACE OF INJURY JATHOME STREET, FACTORY, OFFICE		CITY OR TOWN	COUNTY STATE
OR ATTENDI he haspital or he haspital or DIRECTOR. A cached for use Dept. of Heal		saw the deceased glive or obove, (I) (we (did) did no 17), SIGNATURE	ital) attended the deceased from	DEGREE ATTENDING PHYSICIAN		nd hour and from the causes stated 22c. DAJE \$IGN\$D
HOSPI inned to FUNE sold be th the S		Edith	lepgold	MD 120 ADDRESS 4940	Eastern F	lue.
Db 5 5 8 8 8	23a. I	Beuch	236. DATE 23.	NAME OF CEMETERY OR CREMATORY	Teder III	Bed Row Par
DHMH - 16 50M 4/B2 (VRA 15, 4)	24. F	meels Warne	a Cumibe	Scerel AUC	ATE RECED. BY REGISTRAN 250-1	E SELACIA MANAGE

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TO HOSPITAL OR ATTENDED PHYSICIAN. The law requires that the death certificate be executed within 24 haurs often death. Fings retained by the hospital or otherwising physician.	directo.
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TO HOSPITAL Of ATTENDING PHYSICIAN: The retoined by the hospital or otherding physician	TO FUNERAL DIRECTOR: After this certificate has been signed by the offending physician and campletely filled in by the should be detached for use as the busine-training permit. Then please remove corbonoporm. Faguer Land 2 should be filled within 7.1 with the State Dispt. of Health and Mantal Hydres prior to busine, or removal.
p C	

	STATE OF MARYLAND
DEPARTA	MENT OF HEALTH AND MENTAL HYGIENE
	CERTIFICATE OF DEATH

3	4	2	Comment	3	2	3
	DEC. NO					

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In BIRTHPLACE	STATE OR FOREIGN 7	L CITIZEN OF	WHAT COUNTRY?	8		9 BALTIMORE CITY C	R COUNTY O	F DEATH	
COUNTRY))/	S 1	1		BALTEN		TTY	
	877	1. NAME OF I	HOSPITAL, NURSIN			12a USUAL OCCUPAT	ION	126 KIND OF B	USINESS
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gave rise cause (a),	to immediate stating the	DUE TO, O	R AS A CONSEQUE	ENCE OF	. DICPA				
	er Significant Co	ONDITIONS CO	ONTRIBUTING TO I	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIVEN	IN PART IIa	
190 DATE OF	OPERATION	196 COND	ITION FOR WHICH	OPERATION	N WAS PERFORMED	200 AUTOPSY?		WERE FINDINGS NG CAUSES OF	
	ING CAUSE OF DEAT	HOUR A.	M. MONTH DA		21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART	1 OR PART 2)	
	NOT WHILE			ARM ETC)		CITY OR IC	NWN	COUNTY	STAT
22a.1 certify	that (I) (this haspite	al) attended th	e deceased fram_	7-1	19_89		. 19	84, tha	t (I) (we
sow the	deceased alive on	New the body	after death.	, on	d that in (my) (our) opinian	death accurred on the d	ate and haur a	nd fram the cau	ses state
726 SIGNAT		Mit	10 N	D	DEGREE ATTENDING PHYSICIAN [MEDICAL STA	FF CIAN A	224. DATE SIG	0-8
224 PHARSE	OHN D.	-0.4	70 M	D.	300 1 5. Har	over St. B	altimor	e md s	ر ۱۵
230. BURIAL, CREM Crematio	ATION, REMOVAL	236 DATE 08/31			emetery or crematory fount Cremato	23d LOCATION CITY OF TOWN PALTIM	re. Ma	COUNTY	STATE

DHMH - 16 50M 4/B3 (VRA 15, 4)

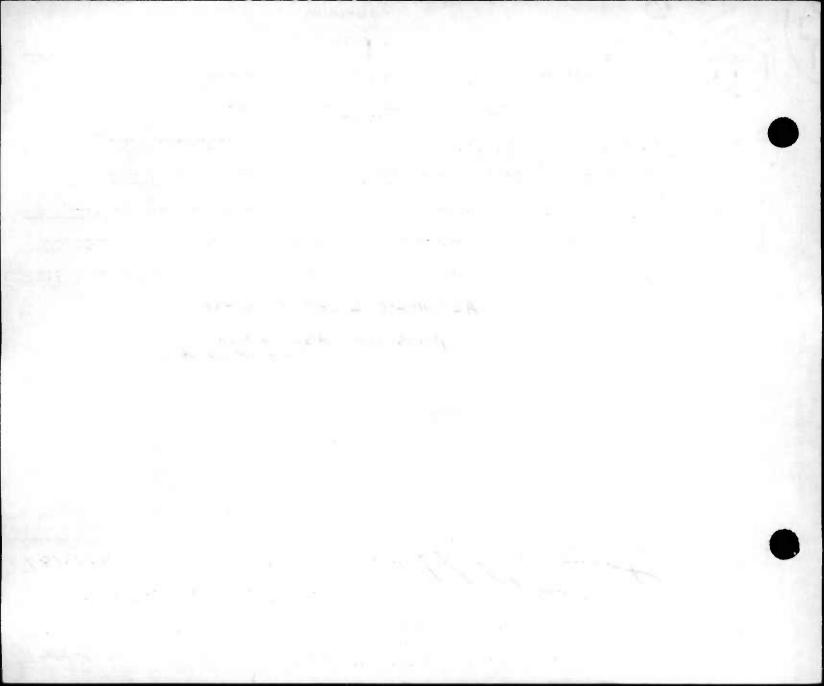
74 FUNERAL DIRECTOR
Walter Brooks Bradley, Inc. Dundalk, MD 21222

750 DATE REC 3 BY REGISTAR 25Y REGIST

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		1-	FOR STATE REGISTRAR	DEPAR	TMENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	SIENE 3 4	2 1	2 3 0
(R.)	7		CEASED NAME FIRST	WIDDLE	ł	AST	2a DATE OF DEATH	MONTH DAY	YEAR 26 HOUR Z
1 85/		,,,,,	LARRY	L.	CLC	DWSER	AUGUST 15	1984	7:30 %
200		3. SE	(4. RACE	5. DATE C		6 AGE (IN YEARS LAST BIR	THDAY) IF UNDE	R I YEAR IF UNDER 24 HRS DAYS HOURS MIN.
Poge 4 director hours aff			MALE	WHITE	FEB.	23 1949	35	YRS.	DATE TO THE TANK THE
	S Conce.		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	Y? B. MARRIE	NEVER MARRIED	9 BALTIMORE CITY C	R COUNTY OF DE	ATH
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rs after dec by the fune filed within	natified	10. C	BALTIMORE	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRE 3800 LYNDA	ET ADDRESS)		120 USUAL OCCUPATION OF WORK FOR MOST OF PERM. DIS	F WORKING LIFE) IND	KIND OF BUSINESS OR JUSTRY
0 = 0	of De		AL RESIDENCE (IF NURSING HOME OF	ROTHER INSTITUTION, GIVE RESIDENCE BEFINE NTY 13¢. CITY OR TO		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	7 7 IP CODE	21213
2 =====================================	E .		MD	BALTIMO		YES 🔀 NO 🗌	3800 LY		VENUE
within pletely id 2 sh	mine	14. F	THER'S NAME FIRST	MIDDLE LAST		15. MOTHER'S MAIDEN NAM	ME MIDDLE		LAST
ompl onc	e x c		FRANKLIN	K. CLOW		SADIE	Α.		GALFORD
e execu	medicol		VAS DECEASED EVER IN U.S. A VES. NO OR UNKNOWN) (1F YES, G	VE WAR OR DATES)		17 INFORMANT	ADDRI	SS	
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g physica on popel	event, the		PART I. DEATH WAS CAUS	nly ane cause per line for (a), (b), ED BY: .TE CAUSE (a) A LCO!		LIVER D	ISEASE		APPROXIMATE INTERVAL SETWEEN ONSET AND DEATH
the death ce the ottending remave corb emotian, or r	ier froumatic		Conditions, if any, which gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEG	5551B	E ASPIN	ATION.		
ires that gned by in please bunal, c	njury, or ather	_	underlying couse lost PART 2 OTHER SIGNIFICANT	(c)CONDITIONS CONTRIBUTING TO	O DEATH BUT	NOT RELATED TO THE TERM	MNAL DISEASE OR CON	DITION GIVEN IN F	PART Ito
e law requ n. nas been si permit. The	ows ony inju	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHIC	CH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b IF YES, WERE IN CERTIFYING (FINDINGS USED LAUSES OF DEATH? NO
SICIAN: Thing physicia certificate I rial-transitionial indicate I rental Hygie	Item 18 sha		210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING] CAUSE OF DE	ATH HOUR A.M. MONTH	DAY YEAR	21¢ HOW INJURY OCCURE			
G PHYSII affending er this ce s the buril	morked ar Ite	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIC		211 LOCATION STREET	CITY OR TO	wn co	unty STATE
TTENDIN pital or TOR: Aft for use a	23 is		sow the deceased alive o	ital) attended the deceased from		, 19	, ta death accurred on the d	ate and hour and le	, that (1) (we) last om the causes stated
by the hos ERAL DIREC	NT. #		27% SIGNATURE) /pg	wo		MEDICAL STA	FF I	8/16/8 Y
TO HOSPITAL efound by the TO FUNERAL should be definitely with the State	MPORTANT		DR. DAV	ID SEFF		27e ADDRESS CHURCH I	HOSP. CORI	2. 5th F	'lr
5 5 5 5 3	<u> </u>		SURIAL, CREMATION, REMOVA		NAME OF C	EMETERY OR CREMATORY	23d LOCATION	COUN	TY STATE
BP	_		BURIAL		DAK LA		BALTIN	IORE	MD.
DHMH - 16 50M 4 (VRA 15, 4)	/83	24 F	JNERAL DIRECSCHIMUN 3331 Bre	EK FUNERAL Ba	OME, I	INC. 21213	E REC'D. BY REGISTRAR IG 1 7 1984	Isto REGISTRAR'S S Julia David	
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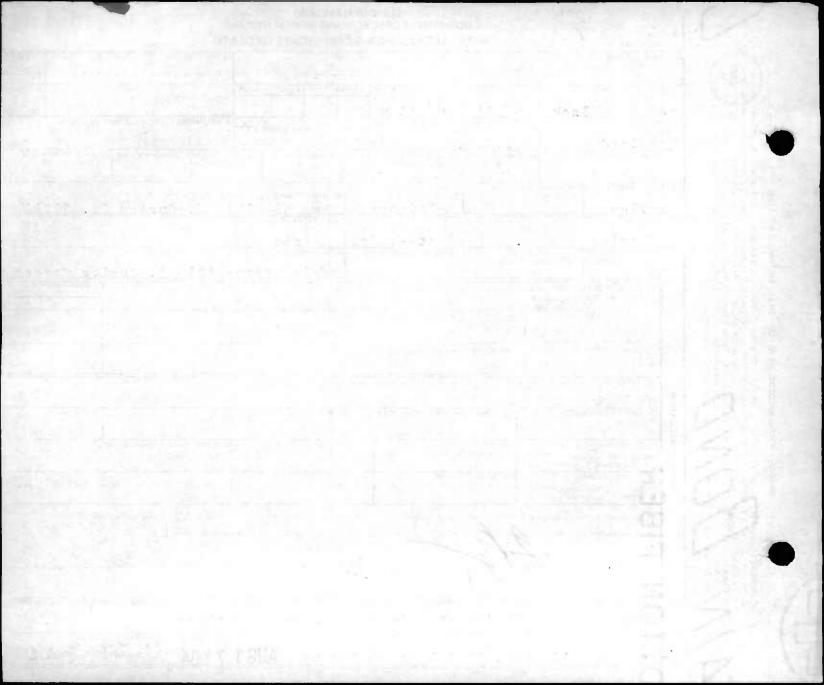
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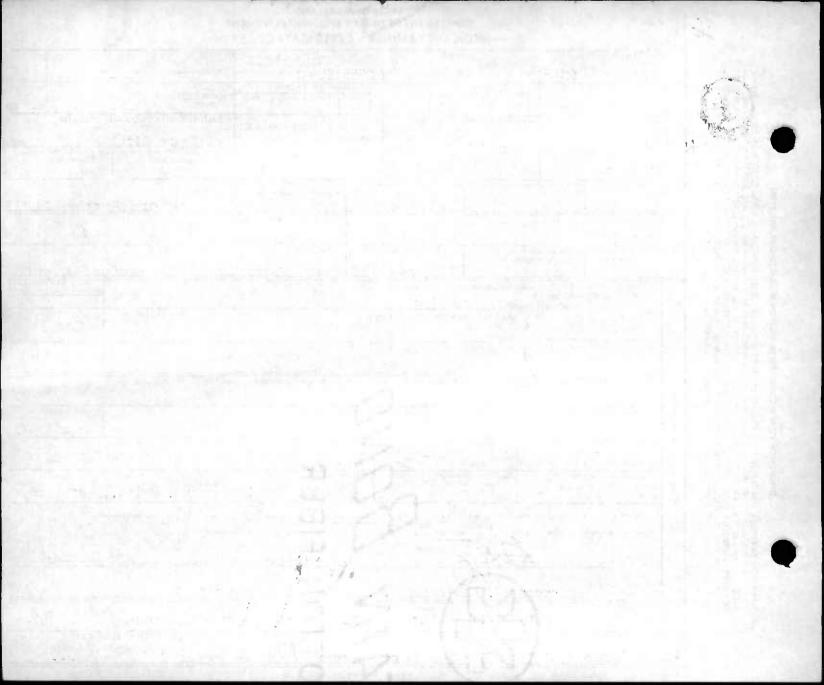
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		TATE		MED	ICAL EXAMI	NER'S	CERTIFICATE			REG. NO.				
1		EASED NAME	FIRST		MIDDLE		LAST	2	OF E	STI W	MONTH	DAY	YEAR	26 HOUR
1	LANE	OK PRINT)	Keith		E.	Co	pates		DEATH M		8/15	5/8419		M
1	3 SEX		4 RACE	5. DATE OF BIRTH	6. AGE (IN	YEARS IF U	NDER 1 YR. IF UNDER		c. DATE		MONTH	DAY	YEAR	2d. HOUR 8:28
ı	ma	1.0	black	9 11	1,010,011	YRS. MONT	HS DAYS HOURS	MIN. P	RONOUNC! DEAD	:D	8/19	5/8419	7	A M
1	7a. BIR	THPLACE (ST		76 CITIZEN OF WHA		Le	IED NEVER MARR	DIED TY	BALTIMO	RE CITY OF				
3		rylan	d	U.S.A					Baltin	more (City			MD.
1	ID. CIT	YORTOWN	OF DEATH	11. NAME OF HOSP	ITAL, NURSING HO	ME, OR OTH		12a USU	AL OCCUPA	TION (TYPE		12b KIND	OF BUS	SINESS
3		Baltim	ore		ILITY, GIVE STREET ADDRES HOPKINS H		1	FOR M	OST OF WORKIN	G LIFE)		ORIN	VDUSTR	Y
+				R OTHER INSTITUTION, GIVE	RESIDENCE BEFORE ADM	ISSION)		1						
4	13a. ST	ATE	136 COUNT		13c. CITY OR TOWN	1	YES NO		ET ADDRESS			0.6	0.1	012
4		rylan			Baltimo	ore			0 N.	Cur	Ley	SE.	41	213
	I4.FA	FIRST		MIDDLE	LAST		15. MOTHER'S MAID	EN NAME	MIDE	LE		LAS	Τ	
		Charl		R.	Coates.		Marie 17. INFORMANT			ADDRESS				
1		S, NO, OR UNKNO	DEVER IN U.S. ARA		16b. SOCIAL SECUI	KIIY NO.								
1	N	0					Marie Co	oates	1210) <u>W.</u>	Cur			
1				y one couse per line f	(), (),							BETWEE	OXIMATE N ONSET	AND DEATH
1		PARTIDE	ATH WAS CAUSED IMMEDIAT	E CAUSE (o)	Hemorrha	gic Ga	astritis							
1				DUE TO, OR	AS A CONSEQUENC	EOF								
			is, if any, which ie to immediate	(b)										
1	10	couse (a)	stoting the under-	(-)	AS A CONSEQUENC	E OF								
1		lying cou	se lost.	(4)										
		PART 2 OTHER SIG	GNIFICANT CONDITIONS (CONTRIBUTING TO OFATH B	UT NOT RELATED TO THE T	ERMINAL DISEA	SE OR CONDITION GIVEN IN PA	ART 1 (a).						
	Z	Fai	tty Liver											
	MEDICAL CERTIFICATION	19a. DATE OF			ON FOR WHICH OF	PERATION V	VAS PERFORMED?					20 AU	TOPSY?	
	E C											VF.	s D	NO 🗆
4	ERT	21a. EXTERNA	L CAUSE WAS	21b. TIME OF	INJURY	21c H	IOW INJURY OCCURR	ED LENTER N	ATURE OF INJUR	Y IN ITEM 18 PA	ART I OR PAI		2 44	110 []
3	2	UNDERLYING	OR		MONTH DAY Y	EAR								
	5	21d. INJURY C	NG CAUSE OF D		FINJURY (ATHOME	216.10	CATION	-			-			
	ME	WHILE	NOT WHILE		ORY, FARM, ETC.)		STREET		CITY OR TOWN		COL	YTML		STATE
		AT WORK	AT WORK	<u></u>										
		22a I certif	y that I took charg	e of the remains desc	ribed obove, held o	n Auto	psy X, Inspection	on .	Inquiry	, ond	I in my op	noinion		
		death resulte	ed from: Notur	al car	Accident,	Suicide _	, Homicide .	Undete	ermined mon	ner .				
			-	7111			TITLE (SPECIFY)							
		ACTUAL SIGNATURE		XIII		,	A.D. Assistar	at MEDI	CAL EXAMIN	JFR .	DATE	p 8/	15/	84
2		GRAPH TOTAL SHOWING		///							0,0,,,			
-		EXAMINER'S (TYPE OR PRIN		ory R. Wa	uffman, M	.D.	ADDRESS 111 F	Penn S	St., B	alto.	Md.			
	23a.BL	IRIAL, CREMA	TION REMOVAL 2	3b DATE	23c. NAME OF		OR CREMATORY	23d. LO	CATION					
	(SF	BURIA	L	8/20/84			Cemetery	Ball	Ltimo	re,	COUN	AIA	Md	• ATÉ
	24 FU	NERAL DIREC	TOR				25a. DATE	REC'D. BY	REGISTRAR	256 REGIS				
	7.7	NAME M.O.	mah #/II	Inc. 11	O1 F No	rth A	venue T	11121	7 400/	- Such	a Davi	idson-	Rand	400
	WII	i o ria	TCH F/R	THE. II	OT TI	T CIL E	T CHAP	JUU J		1 1			-	



	So	1-	FOR STATE					STA MENT OF EX AMIN	HEALTH		ENTAL	6	4 6 5		2	2	3	2
	•		REGISTRAR	E FIRST			MIDDLE	EXAMIN	EK 5						NO.	NTH DAY	YEAR	76 HOUR
		{TYP	OR PRINT)	441175			NIDDIL.				fiel	d,Sr	OF	KNOW!	7 4	VIH DAT	TEAR	76 HOUR
20 47	3 2 5 E	3 SEX	MICHAE	L MIKE	5. DATE OF		Α	6. AGE (IN YE		FIELD) Tie Linipa	R 24 HRS.		H MATED	, U 8-	4-84	19 YEAR	AM 24. HOUR
	15 A 15 A				MONTH	DAY	YEAR	LAST BIRTHD	AY) MONT		HOURS	MIN	PRONO	UNCED				
70.4	5000 L	Mark Sansan	nale	Black	12	29	63	20 Y	RS.				DE/		8- TY OR CO	4-84	19 DEATM	6:15F
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3	5032	In CI	Maryla	nd OF DEATH		J.S.		RSING HOMI	WIDOW		DIVOR				e Cit		IND OF BU	MD.
24.0	A PAGE	B	altimor	re	6200	O Old	Pen	ningto	n Av		11014			ORKING LIFE		0	R INDUST	
0 2	RETAIN COULD FEER	USU A		(IF IN NURSING HOME O				OR TOWN	ON)	13d. INSIDE C	ITY LIMITS?	13e STR	REET ADD	RESS				
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ORE,	M PA		Herma					ield			arol					Bu	sh	
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BALI	S. GIVE P. WITH FO		NO					-84-3	3739	Caro	ol C	ofie	ld	5332	Bear			
ST			18 CAUSE O PART I DE	F DEATH (Enter onl	y one cause) BY:											BET	APPROXIMAT	T AND DEATH
NO	PERMI SIENE, VAL.		ai	IMMEDIAT	E CAUSE (a	-	owni	ng ISEQUENCE										-
REST	WHY AL	2	Condition	ns, if ony, which	DOE	IO, OR A	S A CON	SEQUENCE	Or									
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST	"FENDING" IN FENDING" IN FENDING" IN FENDING IN FENDING IN FENDING IN FENDING IN CREMATION,	NO	PART 2 OTHER SI	GNILICANT CONDITIONS (CONTRIBUTING	10 OEATH BU	T NOT RELA	TED TO THE TERM	IINAL OISEAS	OR CONDITIO	N GIVEN IN	PART 1 (a)						
1 2	RD "PEI RD "PEI USED A OF HEA IRIAL, C	CERTIFICATION	19a DATE OF	OPERATION	196	196 CONDITION FOR WHICH OPERATION WAS PERFORMED?							20	?				
VITA	SON SON SON SON SON SON SON SON SON SON	1 E										£					YES 🕅	NO 🗌
P. P.	O ME DE LE ME	Ü		AL CAUSE WAS		TIME OF I		DAYA YEAR	21c H	OW INJURY	OCCUR	RED LENTER	NATURE OF	INJURY IN ITE	M 18 PART 1 C	OR PART 2)	n+1.	
NO	SHOULD SHOULD PARTMEIN	CAL		OR NG CAUSE OF D	DEATH	P.M.		-04 19	ta	ject	a swi	m 111	wale	al al	iei a	ppare	elli ty	
DIVIS	72002	MEDICAL	WHILE AT WORK	- NOT WHILE	ST	PLACE OF		(AT HOME,	1211 60	CATION STREET								
F				fy that I took charge			bad aba	bald	_	sy 🗓,	Inspect							-
	ASSE ESS		death result		al couses		Accident		ncide	, Home			Inqui termined	,		y apinion		
	CERTIF CERTIF DIREC WARYI		death result	ed from: Natur		M	Accident	LZI, 30	icide [PECIFY)	Unde	rermined	monner (,			
	A SOLUTION OF THE SOLUTION OF		ACTUAL SIGNATURE		X	KI			M			ntMED	NCAL EX	AAINED	DA	ATE GNED_E	3-5-8	4
5	SE SE E				7	1)			.0.7133	2101	MEC	MCAL EX	-VALUE K	311	SINED		
1	EXECUTE THE CERTIFICATE PAGE 4 SHOULD BE FOR PAGE A SHOULD BE FOR AFTER DRECTOR: BALTIMORE, MARYJAND,		EXAMINER'S (TYPE OR PRI	NAME Gre	gory f	R. Ka	uffm	an. M.	D.	ADDRESS_	111	Pen	n Str	eet				
	Bb 845 8 2		RIAL, CREMA	TION, REMOVAL 2			23c. N	name of ce	METERY C			23d. LC	or town anda	allst	town	COUNTY	5	Md.
	DHMH 17	24 FL	JNERAL DIREC	TOR		ADDRESS		77.5	7			E REC'D. B'						
(VR A15 ME (5))	Wm		rch F/H	Inc.)1 E	Nort	h A	venue	AU	5 6	1934	Jun	a David	N-100	an language	
	20M 4/82													-				



TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physicion and completely filled in by the funeral director should be detached for use as the buriol-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filled within 72 hours of with the State Dept of Health and Mental Hygiene prior to buriol, cremation, or removal.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2 3 2

A	1	FOR STATE REGISTRAR			DEP		EALTH AND MENTAL HY	GIENE 3 4 REG. NO.	2 1 2	5 3
Jahann	(TYPE	CEASED NAME E OF PRINTS BP/	FIRST .	MIN	MIDDLE		Tohen	8 7 8	/	700 AM
	3 SE	nale		4 RACE Whi	te	S DATE (OAY, YEAR	4. AGE (IN YEARS LAST BUTHDA	The second secon	HYAR PROPERTY HES
of once.		IRTHPLACE (STATE OR F COUNTRY) MARYLAND	OREIGN	USA	WHAT COUN	TRY? 8 MARRIE WIDOWI	D NEVER MARRIED DIVORCED	BA HIMO	to	it / MD.
patified 2	10.C	ATIMORE	TH ,		HOSPITAL, NO THE FACILITY, GIVE		DR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO	ORKING LIFE) INDUS	ND OF BUSINESS OR TRY
r must be		AL RESIDENCE (IF NURS)	13b COUN	ŢY	GIVE RESIDENCE	BEFORE ADMISSION) TOWN	13d Inside City Limits? Yes 🔼 NO 🗌	13e.STREET ADDRESS / ZI 6216 WOODCRE		#21209
exomine	14. FA	ATHER'S NAME FIRST MAX	٨	AIDDLE	COHEN	ī	15. MOTHER'S MAIDEN N FIRST BESS	WIDDLE	UNK	LAST
medicol		WAS DECEASED EVER (YES, NO OR UNKNOWN) YES	(IF YES, GIVE	AED FORCES? WAR OR DATES) - ARMY	166 SOCIAL 2/603	SECURITYNO.	17 INFORMANT 6216 WOOD	MRS. MIRTAMSC CREST AVE. BA	COHEN ALTO, MD	21209
event, the		18. CAUSE OF DEATH PART I. DEATH W	'AS CAUSE	y one couse per BY E C AUSE (a)	line for (0), (k	ATUNY	FAILUR-	2	BETW	PROXIMATE INTERVAL VEEN ONSET AND DEATH
injury, or other froumotic		Conditions, if ony,	mediote	(b)_	CANC	EQUENCE OF	lungls	quamois cel	(2)	
r, or other		couse (a), stating underlying cause PART 2 OTHER SIGN	lost	(c)		EOUENCE OF	NOT RELATED TO THE TER	MINAL DISEASE OR CONDITI	ION GIVEN IN PAR	RI Iro
	CERTIFICATION	190 DATE OF OPERAT					N WAS PERFORMED	200 AUTOPSY? 20	DE IF YES, WERE FILE	NDINGS USED
18 shows		21a. ACCIDENT WAS UND		21b. TIME C		DAY YEAR	71c HOW INJURY OCCU	YES NO	YES 🗌	NO 🗌
is morked or Hem 18 shows ony	MEDICAL	LIFEITHER NOTIFY MEDIC 21d. INJURY OCCURR WHILE NOT WH AT WORK AT WORK	CALEXAMINER)	P. 21e PLACE	OF INJURY	FRICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNT	Y STATE
		220. I certify that (I) sow the decease	(this hospited of other	ol) offended th	e deceased fi	0111	nd that in (my) (our) opinion	n death occurred on the date of	and hour and from	that (1) (we) lost the couses stated
TZ: # #e#		Nicka	Djl	gores	2		DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	8/	7/84
MPORTANT: If Hem 21		RICHARI	> /	_	ONE		5/NAI	Hospital	7	
2	23a E	BURIAL, CHEMATAL	REMOVAL	AUG.7,	1984	231 ANSHE	WEESEN CREMATORY	ROSEDALE	EOUNTY	TO. STATE

DHMH - 16 50M 4/83 (VRA 15, 4)

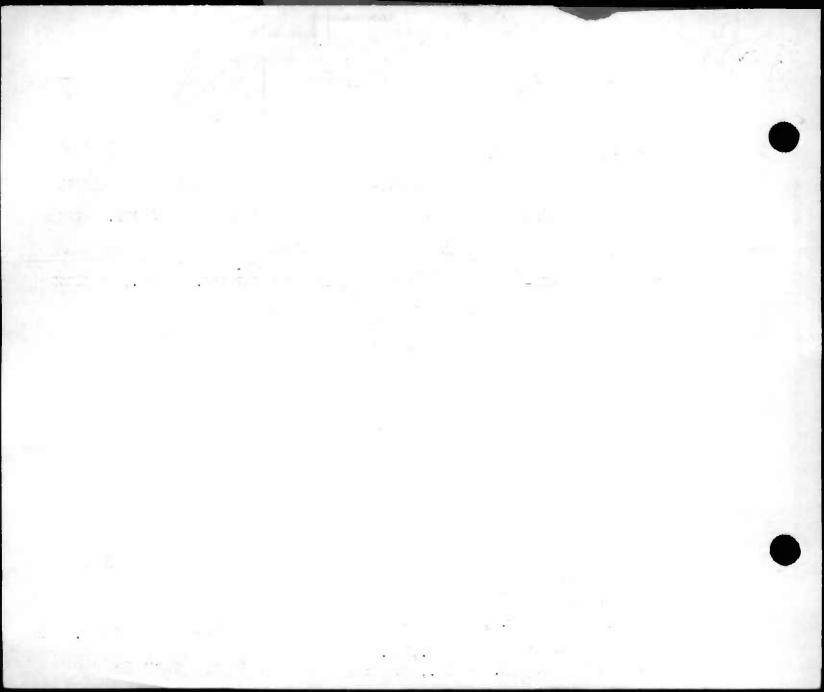
BP.

etoined by the hospital or attending physician

SOL LEVINSON & BROS., INC. 24 FUNERAL DIRECTOR 6010 REISTERSTOWN RD. BALTO, MD

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

" lia Davidson Arndall



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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64	1	- 1
	(h- 410)	

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2		2	13	6

١	1 -	STATE REGISTRAR		CERTIF	ICATE OF DEATH		REG	NO.		
		CEASED NAME FIRST	WIDDLE	Col	nest nes	20.	DATE OF DEATH	R /	DAY YEAR	2b. HOUR
١	3. SEX		4. RACE	5. DATE C		6 A	GE (IN YEARS LAST	BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
1		male	White	MONTH	1291 0G		78	YRS.	MONTHS DAYS	HOURS MIN.
d		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COU	NTRY? 8	D NEVER MARRIE	_ 9 B	ALTIMORE CIT		OF DEATH	,
7	0	affinore, Md.	U.).	WIDOWE		_	Bult	(mo	re Ct	ty MO.
1	/	BALT IMORE	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIV		OR OTHER INSTITUTIO		USUAL OCCUP PE OF WORK FOR MO MERCHA	ST OF WORKING LIF	E) INDUSTRY	TAIL C
7	USUA 130. S	AL RESIDENCE (IF NURSING HOME O CATORGIA 131/ COU XXXXXXXXXX	R OTHER INSTITUTION, GIVE RESIL NTY XXXXXXXXXX XXXXXXXXX	ADMISSION)	138. INSIDE CITY LIMI		STREET ADDRES	1302	CUMBERI XXXXXX	AND CT.
7		THER'S NAME	MIDDLE LA	441	15. MOTHER'S MAIDE	NAME	WIDDLE		# 300	1801771
P		Louis	Col	heh	Resec				Ste	insery
)	(Y	VAS DECEASED EVER IN U.S. AI VES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES? 166 SOCIA	13-09-9	17. INFORMANT	HARVE SMYRNA	Y COHEN	ORESS 1302 30080	CUMBER	RLAND CT.
1.5		18. CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUSE	nly one couse per line far (o), ED BY:		- C	× / (1)			BETWEEN	IMATE INTERVAL ONSET AND DEATH
	199	IMMEDIA	TE CAUSE (o)	The o	rgan Ta	ciar				
		Conditions, if ony, which	DUE TO, OR AS A CON	SEQUENCE OF	ofco	104				
		gove rise to immediate couse (a), stating the	107		0,	. ,				
		underlying couse lost.	DUE TO, OR AS A CON	SECUENCE OF						
		PART 2. OTHER SIGNIFICANT		IG TO DEATH BUT	NOT RELATED TO THE	TERMINAL	DISEASE OR CO	ONDITION GIV	EN IN PART 1	a.
	TION	Stroke	post -o	o for	during		£ 5451	repati	4 450	cess
7	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR	1. 1			0a AUTOPSY?	IN CERTIF	, WERE FINDIN YING CAUSES	OF DEATH?
	ERT	21g. ACCIDENT WAS UNBERLYING	> 454C/E	ric as	21c. HOW INJURY O		ES NO	,	S	мо 🗆
1		OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONT			CCOMMED	(EMIER MAJORE OF)	NOW IN THE MIND I	ART TORPART 2)	
	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED	P.M. 21e. PLACE OF INJURY	19	21f. LOCATION					
	W	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC)	STREET		CITY OF	TOWN	COUNTY	STATE
		220.1 certify that (1) (this hosp		10016	3/	19	10	/7/	D	that (I) (we) lost
			n ot) view the body ofter death.	_19_47, 01	nd that in (my) (our) of	pinian deoth	occurred on the	date and hou	r ond from the	couses stated
		22b. SIGNAFHRE	· 31 Tole	M	DEGREE ATTEND PHYSIC		EDICAL S RECTOR PHY	TAFF SICIAN	226. DATE	SIGNED 7/94
	1	22d PRYSICIAN'S NAME (TYPE	1 V		220 ADDRESS	/ 1		e,#100	4 Bu	It Ms.
_	00.0	Ronald /V	Locke	In November	(0) 16 D	berli		10,410	/ //	21215
	230. B	SURIAL, CREMATION, REMOVAL SPECIFY) BURIAL	AUG. 9 1984	MOSES M	ONTEFIORE 1	NOOD40	OLLOCATION CITY OF TOWN	TIMODE	COUNTY	STATE MADVI AND

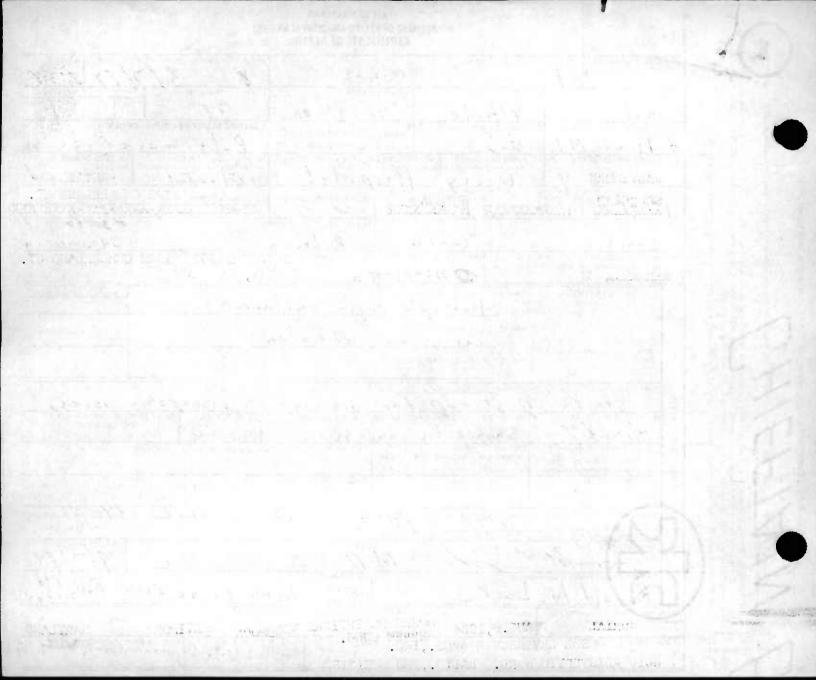
DHMH - 16 50M 4/82 (VRA 15, 4)

inould be detoched for use as the buriol-transit permit. Then please remove carbanappe with the State Dept. of Health and Mental Hygiene prior to buriol, cremotion, or removal. IMPORTANT: If them 21 is marked or them 18 staws any injury, or other traumotic event, the

TO FUNERAL DIRECTOR: After this certificate has been signed by OR ATTENDING PHYSICIAN: The low

> 24. FUNERAL DIRECTOR SOL LEVINSON & BROS INC. 6010 REISTERSTOWN RD. BALTO 21215 MD

250. DATE RECO. BY REGISTRAR 25% REGISTRAR SSIGNATURE AUG. 1 0 1984 Juna Dandson - Registrar 25% REGISTRAR SSIGNATURE AUG.



FOR

REGISTRAR

Make

FIRST

(STATE OR FOREIGN

64040

4 RACE

MIDDLE

CA

75. CITIZEN OF WHAT COUNTRY?

BLACK

DECEASED NAME

- STATE

CTYPE OR PRINTA

70. BIRTHPLACE

3 SEX

campletely filled in by the funeral director 1 Jond 2 should be filed within 72 hours aft

notified

medical papers. Pages

injury, or other troumatic event, the

MPORTANT: If Hem 21 is marked or Hem 18 shows ony

within 24 hours ofter death. Page

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

18 DAY

MARRIED NEVER MARRIED

0

YEAR

DIVORCED

99

LAST

5. DATE OF BIRTH

MONTH

WIDOWED

COLE

CERTIFICATE OF DEATH

REG. NO

6. AGE (IN YEARS LAST BIRTHDAY)

MONTH

9 BALTIMORE CITY OR COUNTY OF DEATH

8

DAY

16

YEAR

84

IF UNDER I YEAR

20. DATE OF DEATH

2

PM

MD.

26 HOUR

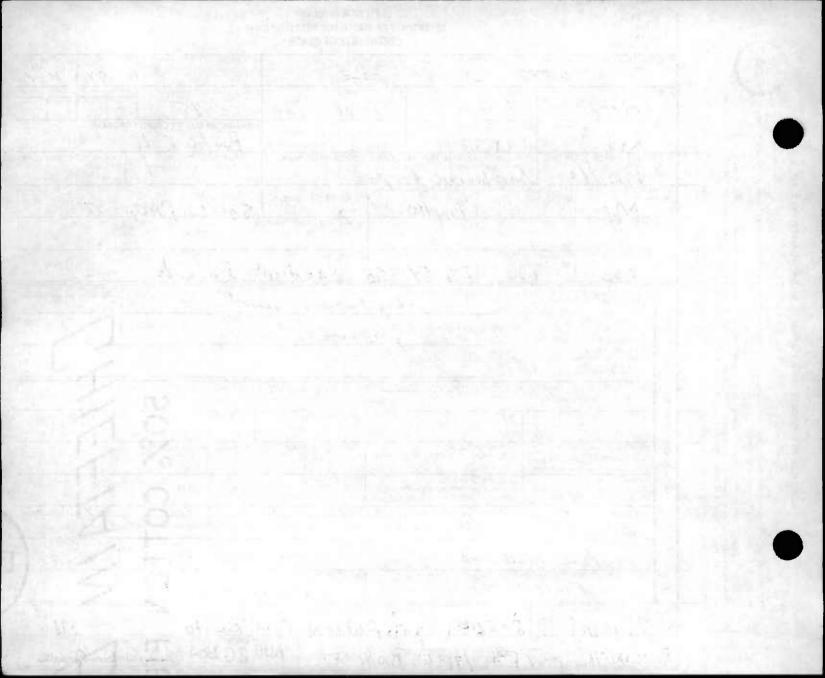
IF UNDER 24 HRS

	Ba/la	LIFNOTINS	ICH PACILITY, GIVE STREET ADDRESS)	OR OTHER INSTITUTION	(TYPE OF WORK FOR MOST OF WORKING	126, KIND OF BUSINESS OR INDUSTRY
		OME OR OTHER INSTITUTIO COUNTY	N GIVE RESIDENCE BEFORE ADMISSION) 13c. CITY OR TOWN 73 10 10	136. INSIDE CITY LIMITS? YES NO [130 STREET ADDRESS	CA 37 201
14. FA	ATHER'S NAME	MIDDLE	LAST	15. MOTHER'S MAIDEN NA	WE	LAST
	VAS DECEASED EVER IN U. YES, NO OR UNKNOWN) (IF Y	S. ARMED FORCES? (ES. GIVE WAS OR DATES)	166 SOCIAL SECURITY NO. 219-54 3518	17. INFORMANT MEDICI	il Records	
	18 CAUSE OF DEATH LEN PART I, DEATH WAS C	ter only one couse po AUSED BY: EDIATE CAUSE (0)_	carding for (0), (b), and (c.)	dmonkry as	rest	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
1	Conditions, if any, whi gave rise to immedia cause (a), stating t	ch (b)_		umonia		
	underlying couse lo	st. (c)_	OR AS A CONSEQUENCE OF	NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION G	GIVEN IN PART 110
CERTIFICATION	190. DATE OF OPERATION	196 CON	DITION FOR WHICH OPERATIO	N WAS PERFORMED	IN CER	/ES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES \(\text{NO} \(\text{\sqrt{\sq}}}}}}\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sq}}}}}\sqrt{\sqrt{\sqrt{\sqrt{\sq}\sqrt{\sqrt{\sqrt{\sq}}\sqrt{\sqrt{\sq}}\signt{\sqrt{\sqrt{\sq}}\sqrt{\sq}\signt{\sq}\sq}\
	210 ACCIDENT WAS UNDERLYING CAUSE (IF EITHER NOTIFY MEDICALEX.	OF DEATH HOUR	OF INJURY A.M. MONTH DAY YEAR P.M. 19	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM II	8 PART I OR PART 2}
MEDICAL	216. INJURY OCCURRED WHILE NOT WHILE AT WORK		E OF INJURY TREET FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
	22a. I certify that (1) (this sow the deceased all above, (1) (we) (did) (c	ve on	STIG 19 84, or y after death.		death occurred on the date and h	
		Mullen		ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	220 DATE SIGNED
		usy m			en Wospital	
(SURIAL, CREMATION, REMO	S 2	2.84 21T	EMETERY OR CREMATORY	23d LOCATION Solve TE REC'D. BY REGISTRAR 25b, REGI	COUNTY ALL STATE
BR	20WN-Thorns	JUN F. H.	1913 W. BA	to ST Al		Davidson-Randell

BP. DHMH - 16 50M 4/B2 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion should be detached for use as the burial-transit permit. Then please remove carbon-papers. P with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law retained by the haspital or attending physician



TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the farming should be deteched for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 with the State Dept, of Health and Mental Hygiene prior to buriol, cremotion, or removal.

injury, ar other traumatic event, the medical exa

AMPORTANT: If them 21 is marked ar them 18 shows any

ofter death. Page 4 may be

	FOR
-	STATE
	DECICEDAD

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

4		
REG	NO	

6 0

REGISTRAR				CERTIF	ICATE OF	DEATH		REG. NO	Э.			
1. DECEASED NAME	EIRS POSC	1+ Carre	NIDDLE	ı	AST		2a DATE OF		MONTH	DAY YEAR	26 HOUR	p
(TYPE OR PRINT) (R	Rose Roseve.	it		C	OLE		Aug	just 2	22, 1	984	2:3	30 M
3. SEX	4. 8	RACE		5. DATE C		YEAR	6 AGE (INY	EARS LAST BIR	[HDAY]	MONTHS DAYS		MIN.
male	-	b:	lack	6	20	06	78		YRS.			
TO BIRTHPLACE (STATE OR FO	DREIGN 76	CITIZENOF	WHAT COUNTRY?	S.	D NEVE	MARRIED -	9 BALTIMO	RE CITY O	R COUNT	Y OF DEATH		
Vìrginia	1	U.S	Δ	WIDOWE		ONORCED	Bal	Ltimo	re Ci	ty		MD.
IO. CITY OR TOWN OF DEAT	H 11.	NAME OF H	OSPITAL, NURSIN	IG HOME C			12a USUAL				OF BUSINESS	The same of the same of
Baltimore		Mary	land Gene	eral l	Hospit	al	(TYPE OF WOR	K EOR MOST O	F WORKING I	INDUSTRY		
USUAL RESIDENCE (1E NURSIF	IG HOME OR OTH	ER INSTITUTION	GIVE RESIDENCE BEFORE		113d INSIDE	CITY LIMITS?	13e STREET	ADDRESS	ZIP COD	Œ		
Maryland			Baltimo		YES 🛣	но 🗌				Stree	t 212	13
14. FATHER'S NAME	MiD(Off	LAST		15. MOTHE	R'S MAIDEN NA		MIDDLE			151	
David			Cole		Ma	ary	100 A A A			Sta	ples	
(YES NO OR UNKNOWN)	N U.S. ARMEI		16b. SOCIAL SECU	RITY NO.	17 INFORA	TANT		ADDRE	SS			
NO	(III 1E3, O14E 44)	AR OR DATES	213-07	-3463	The	lma Wel	bster	1433	3 N.	Bond	Stree	t
18 CAUSE OF DEATH	Lienan aaku a									APPROX	XIMATE INTERVA	Al
Conditions, if ony, gove rise to imm cause (o), stating underlying couse PART 2 OTHER SIGN	ediate the last.	(c)	Arterios R AS A CONSEQUE DITRIBUTING TO E	ENCE OF						IVEN IN PART 1	(a.	
ō L						r accide					0. 10	
J 190 DATE OF OPERAT	ION		TION FOR WHICH		N WAS PER	ORMED	20a AUTO	OPSY?		ES, WERE FIND		?
₩ 8/7/84		Inab	ility to	eat			YES 🗌	NOM		ES 🗌	NO 🗌	
19a DATE OF OPERAT 8/7/84 21a. ACCIDENT WAS UNDID OR CONTRIBUTING C (IF EITHER, NOTIFY MEDIC 21d. INJURY OCCURR	AUSE OF DEATH ALEXAMINER)	P.i 2le. PLACE	M. MONTH DA	19	211 LOCA		RED (ENTERNA	CITY OR TO		PART I OR PART 2)	STA	ATE.
AT WORK AT WOR	K D	100										-71
22a.1 certify that **) saw the decease above, (IXwe)/d				Jul 84,		, 19 <u>8</u> . X (our) opinion	, 10	Augus ed on the d			, that (X)(we e couses state	
22b. SIGNATURE	1/2/			MO	DEGREE	· · · · · · · · · ·	MEDICAL DIRECTOR	STA			23/84	
226. PHYSICIAN'S NA	nathan		Kushner		22e. ADDR	ess o Maryl	and Ge	neral	Hosp	oital		
230. BURIAL, CREMATION, 1	REMOVAL	236. DATE 8/27	/84 W	oodla	emetery o	emeter	y 236. LOC	Ptoma	ore,	Coounity	Md'	(TE

DHMH - 16 50M 4/83 (VRA 15, 4)

TO HOSPITAL OR ATTENDING PHYSICIAN: The low

Wm Cameral Director
Wm Cameral Director F/H Inc. 1101 E North Avenue

250. DATE REC'D. BY REGISTRAP 256. REGISTRADS SIGNATURES
ALLE ON MOON Fundamental

executed within 24 hours offi

1-	FOR STATE REGISTRAR		DEPARTMENT OF H	E OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	9	2 2	3 /
	CEASED NAME FIRST		Co	Collier	REG. N 2a. DATE OF DEATH	MONTH DAY YEAR	1000
3. SEX	E	4. RACE	5. DATE C		6 AGE (IN YEARS LAST BIS	YRS.	S HOURS
Oi	IRTHPLACE (STATE OR FOREIGN COUNTRY) AND CHURCE SC. ITY OF TOWN OF DEATH		MARRIEI	D NEVER MARRIED DIVORCED DIVORCED DIVORCED	B CLL		OF BUSINES
	Daltmore AL RESIDENCE (IF NURSING HOM STATE Md. 136 CC		HOSP SIDENCE BEFORE ADMISSION) ITY OR TOWN	13d. INSIDE CITY LIMITS?	HOUSEW 130. STREET ADDRESS 301 St. PA	1 = 21	202
1	ATHER'S NAME FIRST LENY WAS DECEASED EVER IN U.S.	WIDDIE	Fuller OCIAL SECURITY NO.	15. MOTHER'S MAIDEN NA		K	IASI Ng
	PART I. DEATH WAS CAL		1	ones on	est		EN ONSET AND D
	PART I. DEATH WAS CAL	DUE TO, OR AS A	2.00 clm	scrol on	est		ON ONSET AND D
TIFICATION	PART I. DEATH WAS CAL IMMED Conditions, if ony, which gove rise to immediate couse IoI, stating the	DUE TO, OR AS A DUE TO, OR AS A (b) PCO DUE TO, OR AS A (c) TO CONDITIONS CONTRIE	CONSEQUENCE OF	SCUP SCUP SOLUTION THE TERM	7		lia DINGS USED
CAL CERTIFICATION	Conditions, if ony, which gave rise to immediate couse lol, stating the underlying cause lost. PART 2 OTHER SIGNIFICAN	DUE TO, OR AS A OUE TO, OR AS OUE TO, OR AS OUE TO, OR AS OUE TO, OR AS OUE TO, OR AS OUE TO, OR AS OUE TO, OR AS OUE TO, OR AS OUE TO, OR AS OUE TO,	CONSEQUENCE OF CONSEQUENCE OF BUTING TO DEATH BUT FOR WHICH OPERATIO	SCUP SCUP SOLUTION THE TERM	MINAL DISEASE OR CON 200 AUTOPSY? YES NO X	IDITION GIVEN IN PART 206. IF YES, WERE FIN IN CERTIFYING CAUS YES	DINGS USED
MEDICAL CERTIFICATION	Canditions, if any, which gave rise to immediate cause lol, stating the underlying cause last. PART 2 OTHER SIGNIFICAN 19a DATE OF OPERATION 71a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DUE TO, OR AS A OUE TO, OR AS OUE TO, OR AS A OUE TO, OR AS A OUE TO, OR AS OUE TO, OR AS OUE TO, OR AS OUE TO, OR AS OUE TO, OR AS OUE TO, OR AS OUE	CONSEQUENCE OF CONSEQUENCE OF BUTING TO DEATH BUT FOR WHICH OPERATIO RY IN ONTH DAY YEAR 19	NOT RELATED TO THE TERM	MINAL DISEASE OR CON 200 AUTOPSY? YES NO X	20b. IF YES, WERE FIN IN CERTIFYING CAUS YES	DINGS USED JES OF DEATH

C. Brawn 1206 W. North Ave.

250 DATARECE BY RESISTANT STORE REGISTRANT SIGNATURE

DHMH - 16 50M 4/82

24 FUNERAL DIRECTOR
WILLIAM (

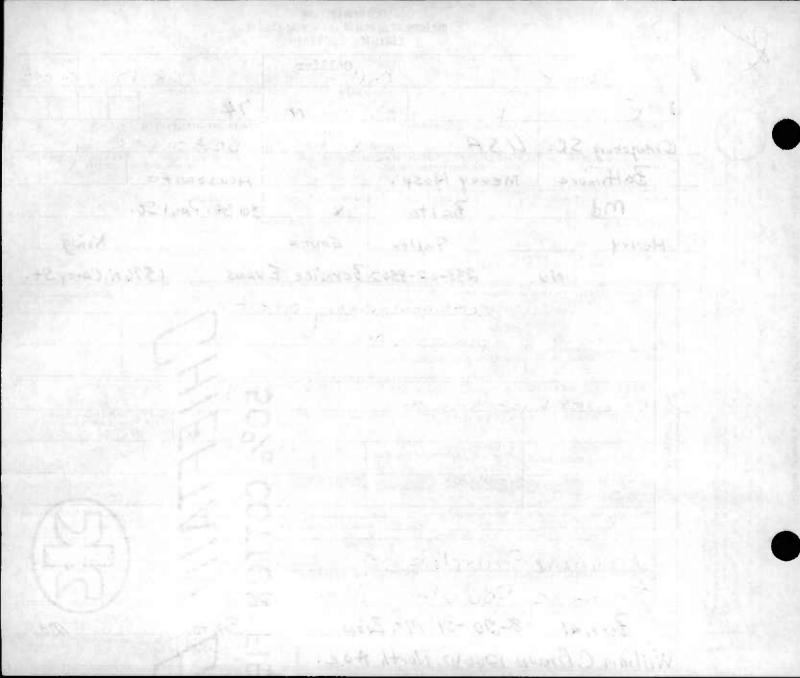
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TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be

etained by the haspital ar attending physician.

(VRA 15, 4)

BP.



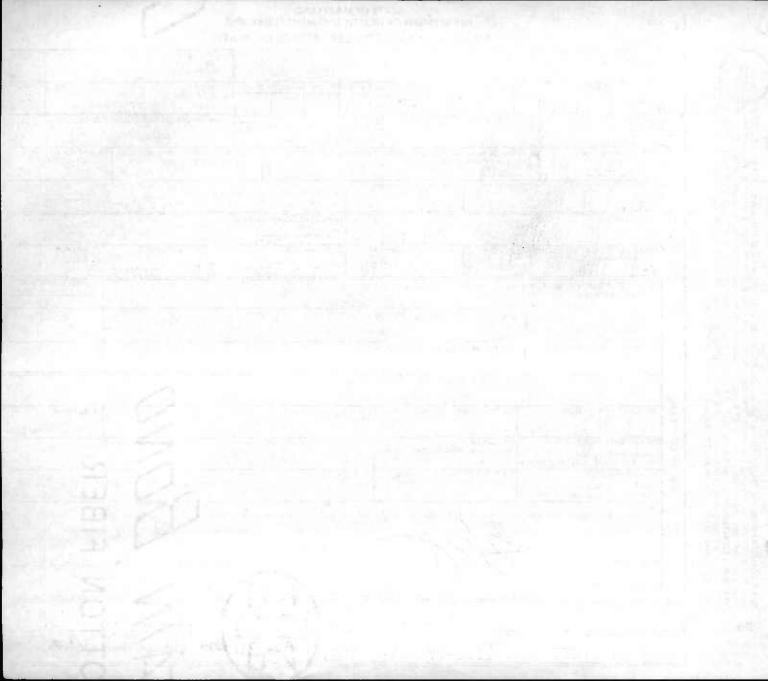
BP. DHMH

(VR A15 ME (5))

	FOR STATE REGISTRAR			DEPARTMENT OF	HEALT	MARYLAND H AND MENTAL I CERTIFICATE (F3 F2	2 REG. NO.	2 3 8	3
	CEASED NAME E OR PRINT)	First Wavio	'n	MIDDLE	Co	ollins	20 DATE KN OF DEATH M	NOWN X MONTH	DAY YEAR 21	b. HOUR
3 SE	ALE	4. RACE BLACK	DATE OF BIRTH	44 02	YEARS IF U	NDER 1 YR. IF UNDER	R 24 HRS 20 DATE MIN PRONOUNCE DEAD	MONTH	DAY YEAR 2	0:15 A M
V	RTHPLACE (ST PREIGN COUNTRY)	Α	76 CITIZEN OF WH		WIDO	RIED NEVER MARK	ED AX Balt	imore Cit	У	MD.
	Baltim	ore	(16 NOT IN SUCH FAI 4815 V	PITAL, NURSING HOA CILITY, GIVE STREET ADDRESS Vilern Ave	5}	HER INSTITUTION	12a USUAL OCCUPA FOR MOST OF WORKIN		OR INDUSTRY	NESS
13a. S	MD.	136 COUNT		BALTO	SSION}	AES NO 🗆	1009 AR		21201	
	ATHER'S NAME	D EVER IN U.S. ARM	WIDOLE	COLLIN		ELIZABE	AIDC		LAST	
160. \	YES YES	D EVER IN U.S. ARM	AED FORCES? VAR OR DATES)	215-20-4		CLARA B	IVENS 1009	ARGYLI	21201 AVE.	
z	gave ris cause (a) lying cau		(b)	AS A CONSEQUENC AS A CONSEQUENC BUT NOT RELATED TO THE TE	E OF	SE OR COMOITION GIVEN IN P.	ART 1 (g),			
CERTIFICATION	19a. DATE OF	OPERATION	196 CONDIT	ION FOR WHICH OP	ERATION V	VAS PERFORMED?			20 AUTOPSY?	NO [X]
MEDICAL CERT	UNDERLYING CONTRIBUTION 21d INJURY CO WHILE AT WORK	OCCURRED NOT WHILE AT WORK	PEATH P.M. 21e PLACE C STREET, FACT	MONTH DAY YE	211 LC	OCATION STREET	ED (ENTER NATURE OF INJUR CITY OR TOWN		ART 2) DUNTY	STATE
2	death result ACTUAL SIGNATURE EXAMINER'S (TYPE OR PRII	ed from: <u>Nature</u>	al courses	1	Suicide	Homicide TITLE (SPECIFY) A.D. Assistar	Undetermined mani	ner ,	8/15/84	
(TION, REMOVAL 2			EMETERY_	OR. VET.	23d LOCATION	ISTERST		

4600 LIBERTY HGTS. AVE. DYETT

AUG 20 1984 Gulia Davidson-Handelle



deoth. Page 4 may be

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A.	63	- 2	2	3	
- 1	600	-	Except		

	REGIS	E STRAR				CE	RTIF	CATE OF DE	ATH	REC	G, NO.				
	1. DECEASED	T)	FIRST		WIDDLE Coll	uraf:	ici'	AŠT		20 DATE OF DEAT		1984 Y	EAR	2b. HOI	UR
1	3. SEX	Cat	nerine	RACE		5. D	ATE O	F BIRTH		6. AGE (IN YEARS LA	ST BRIHDAY]	IF UNDER	1 YEAR	IF UNDE	R 24 HRS
	Í	remale		white	9]	Dec	25, 192	7rear	56	YRS.	MON1HS	DAYS :	HOURS	M IN.
Ì	70. BIRTHPLA	YORK	DREIGN	U.S.A	WHAT COUN	M	ARRIED	NEVER MA	RRIED -	Baltimo Baltimo	_		TH		MD
1		town of DEA altimore			PIPPEWO			R OTHER INSTIT	UTION	THOUSEWI	PATION PLOF WORKING	LIFE) 12b K		F BUSIN	iess or
)	USUAL RESI	land	NG HOME OR O		Balti		SSION)	13d. INSIDE CITY	Y LIMITS?	2406 Pin	ss zip-cor ewood	venu	e)	121	4
p	14 FATHER'S	FIRST	A	NDDLE	LAST			15. MOTHER'S A	151	MIDD	ı.E		LAST	T	
1		ohn			Gulle				deline		DDRESS			2121	4
	(YES, NO C	CEASED EVER I		MED FORCES?	166 SOCIALS 214-24		_	Mr. Fra		llurafici		inew	boc	Ave	
	gove couse unde	ditions, if ony, erise to immediately erise to immediately eriging couse	ediote g the lost	(b) DUE TO, OI	R AS A CONSI	EOUENCE	OF	hushuhic NOT RELATED TO	O THE TERM	COMENCE C	Boca	IVEN IN PA	ART No)	-
Ì	CERTIFICATION 7 10 10 10 10 10 10 10 10 10 10 10 10 10	ATE OF OPERAT	ЮN	196 COND	ITION FOR WI	HICH OPEI	RATIO	N WAS PERFORA	MED	200 AUTOPSY?	IN CERT	ES, WERE I	INDIN	OF DEA	ATH?
1		CCIDENT WAS UND ONTRIBUTING C ITHER NOTIFY MEDIC	AUSE OF DE A	216 TIME O HOUR A.	M. MONTH	DAY	YEAR 19	21c HOW INJU	JRY OCCURF	RED (ENTER NATURE OF	INJURY IN ITEM 18	PART I OR P	ART 2†		
	WHILE AT WOR		LE 📑		E OF INJURY STREET FACTORY OFFICE, FARM, ETC.) 21f LOC ATION STREET			1	CITA	OR TOWN	COU	41A		STATE	
	50	certify that (I) ow the decease bove, (I) (we) (d	d olive on		July	19 3			19 8 2	, to death occurred on t	module and h		m the		tated
,		IGNATURE	My	2		/		PH	TENDING X		STAFF IYSICIAN [726.	DATE	SIGNED	
	22d PI	MYO MYO	ME INDEA	PRINT				220 ADDRESS 910 1	FRAM	VKLIN S BALTO	10 · MD	21	2	3	7
		CREMATION, I	REMOVAL	23b DATE	7 04			emetery or cr		23d LOCATION	Itimore	, Ma	ryl	and	STATE

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and c should be detached for use as the burial-transit permit. Then please remove carbonpapers Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

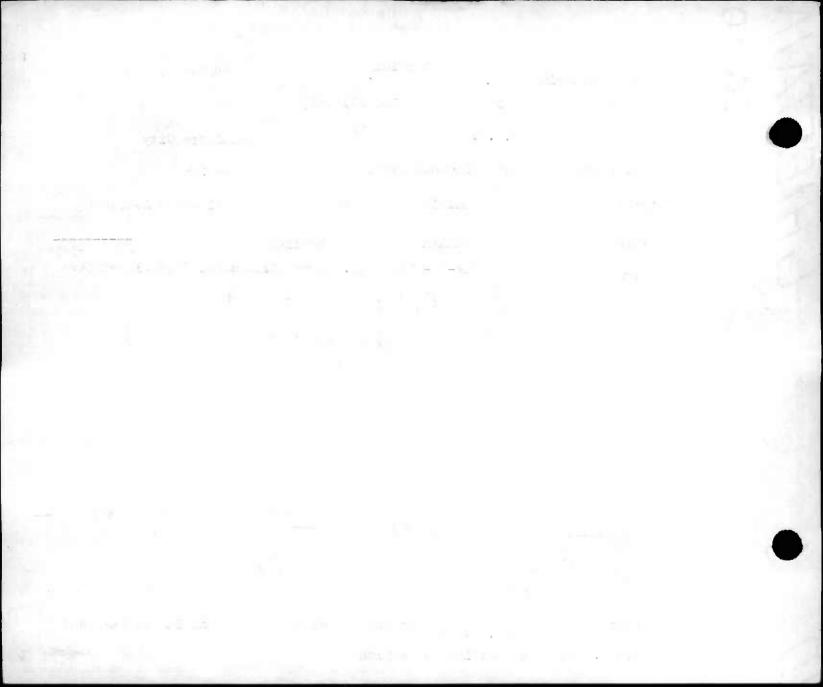
injury, or other troumbtic event, the

IMPORTANT: If Item 21 is marked or Item 18 shows any

24 FUNERAL DIRECTOR Leonard J. Ruck Inc

Baltimore; Maryland

250, DATE REC'D. BY REGISTRAR 230 REGISTBAR'S SIGNATURE AUG 7 1984 Huna Davidson-Anderes



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR STATE REGISTRAR		T OF HEALTH AND MENTAL HYD ERTIFICATE OF DEATH	GIENE 8 A REG. NO	2. 1 %	4 0		
1. DECEASED NAME FRST (TYPE OR PRINT) Margaret	C. C	Connor	2a. DATE OF DEATH	8 22 1984	SOU M		
3. SEX Female 4. RACI	hite	Nov 21 1898	6 AGE (IN YEARS LAST BIR	YRS.	# UNDER 24 HRS HOURS MIN.		
COUNTRAL	SA I	AARRIED NEVER MARRIED DIOWED DIOWED D	Baltimore Baltimore	City	MD		
Baltimore (#)	ME OF HOSPITAL, NURSING HELDS OF HOSPITAL NURSING HELDS OF HOSPITAL NURSING HELDS OF HELDS OF HOSPITAL NURSING HELDS OF	ig Home	12a USUAL OCCUPATE (TYPE OF WORK FOR MOST O Homemake)	F WORKING LIFE) INDUSTRY	BUSINESS OR		
USUAL RESIDENCE IF NURSING HOME OR OTHER IN 130. STATE Md 137 COUNTY Baltimo	13c CITY OR TOWN	rge YES NO A		5829 Blenheim	Rd.2		
FATHER'S NAME FIRST Charles C	Schuster	Emma	E IDDIE	Barrows LAST			
16g. WAS DECEASED EVER IN U.S. ARMED FO (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OF NO		7 0 77 0	onnor S	Same	AATE INTERVAL NSET AND DEATH		
Canditions, if any, which gave rise to immediate	JE TO, OR AS A CONSEQUENCE (b) Hy Services JE TO, OR AS A CONSEQUENCE	sur arprusell	elvour frofiel VD 11	362	p.		
PART 2. OTHER SIGNIFICANT CONDIT	IONS CONTRIBUTING TO DEAT	IH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIVEN IN PART Tro			
190 DATE OF OPERATION 191 210. ACCIDENT WAS UNDERLYING 211	. CONDITION FOR WHICH OPE	RATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDING IN CERTIFYING CAUSES (
OR CONTRIBUTION COLUMN OF DEATH	OTIME OF INJURY OUR A.M. MONTH DAY P.M.	YEAR 19	RED (ENTERNATURE OF INJUI	RY IN ITEM IS PART I OR PART 2)			
	. PLACE OF INJURY HOME, STREET, FACTORY, OFFICE, FARM.	211 LOCATION STREET					
220.1 certify that (1) (this haspital) atte saw the deceased alive on obave, (1) (we) (did) (did not) view	Chucal 2/19 84		, to death occurred on the de	ate and hour and from the co			
1226. SIGNATURE Theolerich of	Valener"		MEDICAL STAI DIRECTOR PHYSIC	FF CIAN 221. DATE S	3-84		
Frederick Voll	mer	6100 York Ro	1.				

231 NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR:

IMPORTANT: If Irem 2

24 FUNERAL DIRECTOR Mitchell-Wiedefeld Home 6500 York Rd.

23b. DATE

8/25/1984

230 BURIAL, CREMATION, REMOVAL

Burial

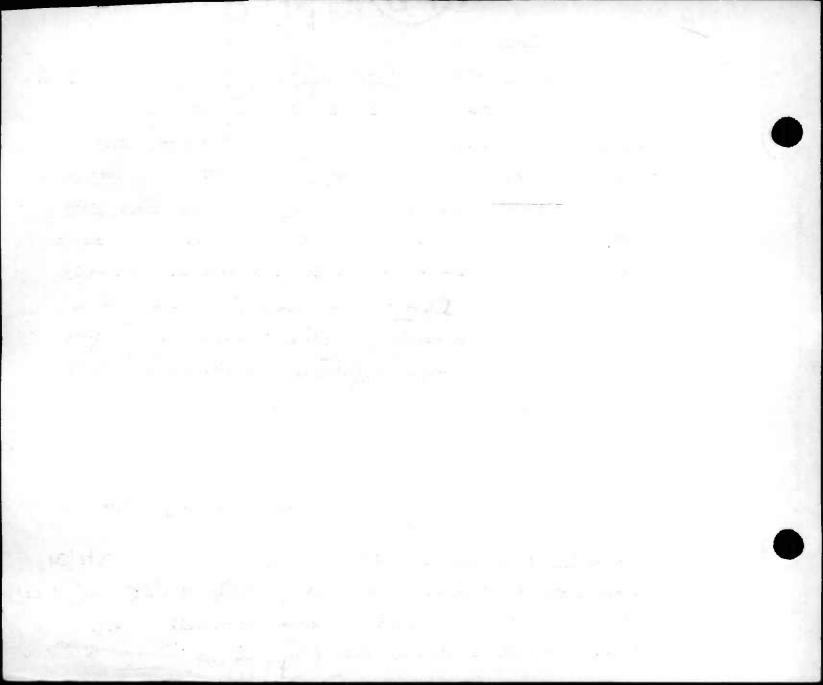
Woodlawn Balto Mď

AUG 2. 8 1984 Julia Davidson Rendul

23d LOCATION

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24	1 -	FOR STATE REGISTRAR AKA	Dolores	DEPARTM Conrades	NENT OF H	OF MARYLAND EALTH AND MENTA ICATE OF DEATI		REG. NO.	1 2	9 1
No.		EASED NAME FIRS	ī	MIDDLE	L	AST		20. DATE OF DEATH MONTH	DAY YEAR	25 HOUR
2 25	(TYPE	OR PRINT)	ary	Dolores	C	onrade.	S	8 -2	-84	600 M
£ #1	3. SEX	(4 RACE		5. DATE C			AGE (IN YEARS LAST BIRTHDAY)	IF UNDER TYEAR	IF UNDER 24 HRS. HOURS MIN.
99 97 7		Female	Wł	nite	MONTH	o °io "	13	70 YR	.s	, and a
h. Poge ol direct 2 hours		RTHPLACE (STATE OR FOREIG		OF WHAT COUNTRY?	8 MARRIEI	NEVER MARRIE	IED 🗆	BALTIMORE CITY OR COU		
er death.		Maryland		J.S.A.	WIDOWE	D DIVORCE	ED 🗌	DACTO	City	MD.
s of	Ba	ty or town of death ltimore	BO/	OF HOSPITAL, NURSIN SUCH FACUITY, GIVE STREET A	ADDRESS)	HOCP		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN HOUSEWITE		Maker
thin 24 hours of the should be should be	USU/ 13a. S	AL RESIDENCE (IF NURSING HO TATE Md. 13b. (OME OR OTHER INSTITUT	ion give residence before 13c. CITY OR TOW Baltimo1	Ν	13d INSIDE CITY LIA YES 🔀 NO [street address / zip co 405 Furrow St	ope reet 212	23
E 50	14. FA	THER'S NAME	AIDDLE	IAST		15. MOTHER'S MAIL		E MIDDLE	(ASI	
w ped w		Jöhn	B	Schmed		Mary	7	М.	Scha	efer
ond co	16a V	VAS DECEASED EVER IN U. (15 YOUR NO ORUNKNOWN) (15 Y	S. ARMED FORCES			17. INFORMANT		ADDRESS		
9 6 s		No		216-40-0	DRTR	Stanley	7 A. (Conrades Sr.	Same as	
g physici anpaper remaval.		18 CAUSE OF DEATH (En PART I. DEATH WAS C IMM	ter only one couse AUSED BY EDIATE CAUSE (o)	per line loi (a), (b), one	1 -	Trumbse	ino le	le -	- House	KATE BUTERVAL MOSET AND DEATH
death ce official out of an and out of an and and and and and and and and and		Conditions, if any, which	ch ((b)	OR AS A CONSEQUE		ancertw	se (redismy be	Y you	m
by the case remain, cremat		gove rise to immedio couse (a), stating the underlying couse far	he DUE TO	OR AS A CONSEQUE	NEO	Historia	1 4	nobelo hall	1 you	^
equires that is signed by Then pleaser to burial, injury, or a	NO	PART 2 OTHER SIGNIFIC	ANT CONDITIONS	CONTRIBUTING TO	DEATH BUT	NOT ELATED TO TH	HE TERMIN	NAL DISEASE OR CONDITION	GIVEN IN PAIR	1
he law re an. has been t permit. I ene prior	CERTIFICATION	190 DATE OF OPERATION	196 CO	NDITION FOR WHICH	OPERATIO	N WAS PERFORMED)		YES, WERE FINDIN RTIFYING CAUSES YES	
SICIAN: TI ng physici certificate vial-transit		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL EX-	OF DEATH HOUR	E OF INJURY A.M. MONTH DA	YEAR	21c. HOW INJURY	OCCURRE	D (ENTER NATURE OF INJURY IN ITEM	18 PART I OR PART ?)	
G PHYSI of this ce the buri	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e PLA	CE OF INJURY STREET, FACTORY, OFFICE, F	ARM, ETC.)	211 LOCATION STREET	_	CITY OR TOWN	COUNTY	STATE
TENDING ital or of OR: Afti or use os f Health		220. I certify that (I) (this saw the deceased ali	ve on	19.6	4	2(, 19, 19 d that in (my) (our)	opinion de	, to 2		hat (I) (we) lost
OR AT he hosp DIRECT oched for Dept. o		obove, (I) (we) (did) (c 22b. SIGNATURE	did not) view the bo	ody alter death		DEGREE ATTEN		MEDICAL STAFF	22c. DATE S	IGNED
HOSPITAL inned by the FUNERAL I und be deto to the State I of the		22d PHYSICIAN'S NAME	(TYPE OR PRINT)	John		22e ADDRESS	ICIAN 📮	DIRECTOR PHYSICIAN	1 010	709
TO HOSPIT etained by TO FUNER should be a with the Sit	ļ.	WANCELLA	<u> </u>	ALBUERA		1	W.	Beto, st O.	alto me	791223
BP	23a E	SURIAL, CREMATION, REMO SPECIFY) Burial	OVAL 236 DATE			erans Ceme	etery	crownsville	A.A.	STATE Md
DHMH - 16 50M 4/83 (VRA 15, 4)	24 FI G	uneral director eorge J. Gor	nce 4001	Ritchie SH	gwy E	alto Md	250. DATE	REC'D. BY REGISTRAR 25b. REC	GISTRAR'S SIGNATI	Hall



within 24 hours after death.

executed

requires that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The low etained by the haspital ar attending physician

STATE OF MARYLAND

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DEC N				

1-	STATE REGISTRAR				H AND MENTAL HYG E OF DEATH	REG. 1	(Line	from	6 M
I. DE	CEASED NAME FIRST	A	MDDLE	LAST		120. DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR
	ORPRINT) ELIZI	ABETH	- Co	PEL	AND		8	584	5:55PM
3. SE	X	4. RACE	5.	DATE OF BIR		6. AGE (IN YEARS LAST B	RTHDAY)	IF UNDER 1 YEAR	
	F	13/1	K	3	14" 05	79	YRS		HOURS MIN.
	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY? 8.	AABDIED P	NEVER MARRIED	9. BALTIMORE CITY	OR COUN	TY OF DEATH	
	N BERRY S.C.	4.5	. A. w	IDOWED [DIVORCED [DALTO		+4	MD.
10. CI	TY OR TOWN OF DEATH		OSPITAL, NURSING H		HER INSTITUTION	120 USUAL OCCUPA			OF BUSINESS OR
1	ALTO.	Lut	HERAN	HOSF	TAL	House		(() () () () () ()	
	AL RESIDENCE (IF NURSING HOME OF		GIVE RESIDENCE BEFORE ADM	1 13d. 1	NSIDE CITY LIMITS?	13. STREET ADDRESS	e16	HTON S	2/2/10
14. FA	THER'S NAME			15. A	OTHER'S MAIDEN NA				
1	Pink	MIDDLE	illiam]	Eliza	WIDDLE	(Gilliam	\$1 }
	VAS DECEASED EVER IN U.S. AR		166 SOCIAL SECURIT	NO. 17. II	NFORMANT	ADDI	RESS		40
	YES NO OR UNKNOWN) (IF YES, GIV	VE WAR OR DATES)	MA	3	LWARD (C. COPELY	ANT	33191	Seighton
CERTIFICATION	18. CAUSE OF DEATH IEnter or PART I. DEATH WAS CAUSE IMMEDIA Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT (C. C. C. C. C. C. C. C. C. C. C. C. C. C	DUE TO, OI DUE TO, OI DUE TO, OI CONDITIONS CO	R AS A CONSEQUENCE DVCH WHY M R AS A CONSEQUENCE	EOF CONTINOT	accider	MAT - A ANT - A A ANT - A A ANT - A A ANT - A A ANT - A ANT - A ANT - A ANT - A ANT - A ANT - A ANT - A	20b. IF	SS	INGS USED
CERT	210. ACCIDENT WAS UNDERLYING	21b. TIME O		YEAR 21c.	HOW INJURY OCCUR	RED (ENTER NATURE OF IN	URY IN ITEM		
	OR CONTRIBUTING CAUSE OF DE	AIH		19					
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE		211.	LOCATION	CITY OR	OWN	COUNTY	STATE
	220.1 certify that (1) (this hasp saw the deceased alive or above, (1) (we) (did) (did po 22b. SIGNATURE	8/0	- 109 19	and the	n (my) (our) opinion	degth octured on the	date and h	nour and from the	that (I) (we) last e couses stated E SIGNED
	22d PHYSICIAN'S NAME (TYPE	DR PRINTS	1	220.	ADDRESS LUTTOS	DIRECTOR PHYS	CIAN DI	18/:	2/07
23a 6	BURIAL, CREMATION, REMOVAL	123b. DATE	123¢ NIAA	AE OF CEASET	ERY OR CREMATORY	23d LOCATION		0/	
	Specify)	8-9-	84 A	RBUT	us	Suphur	Sprin	MAR	STATE LAND

BP

230 BURIAL, CREMATION, REMOVAL SPECIFY)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral should be detached far use as the busial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filled within 72 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

medical

IMPORTANT: If them 21 is marked at them 18 shaws any injury, at ather traumatic event, the

DHMH - 16 50M 4/B2 (VRA 15, 4)

24. FUNERAL DIRECTOR mort FIFTHESS 120 aurens

250. DATE REC'D.

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EPHUL SPING NITTONS

BY REGISTRAN 256, REGISTRANS SIGNATURE

TO A JUNE DAVISON MANDELLE

ELLEMENT THE CONTINUE

OR ATTENDING PHYSICIAN The law

retained by the hospital ar

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physicion and completely filled in by the funeral director, page should be detached for use as the burial-transit permit. Then please remove carbanpapers. Pages 1 and 2 shauld be filed within 72 haurs after dea with the State Dept of Health and Mental Hygiene prior to burial, cremotion, or removal.

medical

IMPORTANT: If Hem 21 is marked ar Hem 18 shaws any

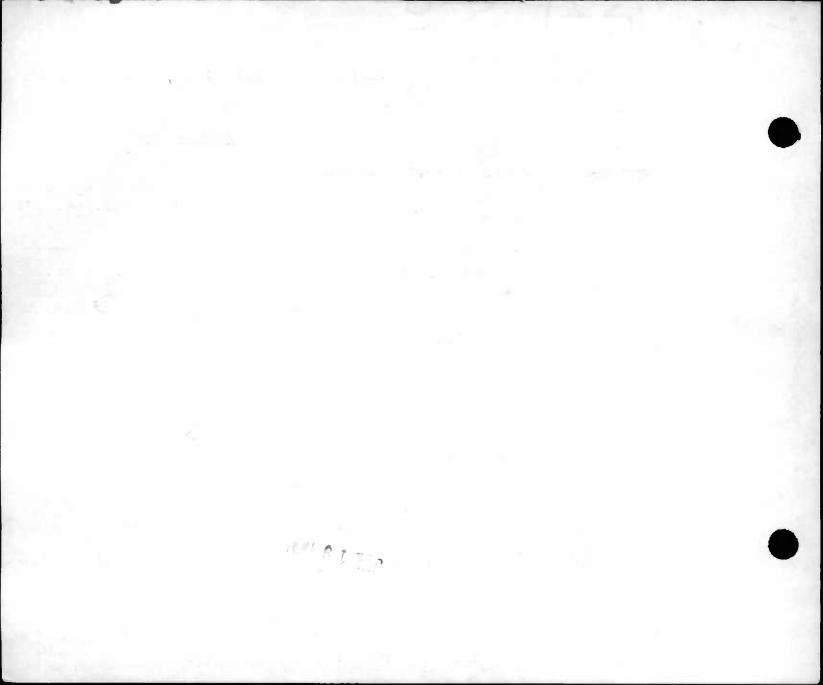
FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE SCENTIFICATE OF DEATH

2 2

- 1		NE GIOTALIA					RE	G. NO		
		EASED NAME FIRST	WIDDLE	I	AST		20 DATE OF DEA	ти момтн	DAY YEAR	26 HOUR
	[14bF	CLARA	M	CC	OSBY		AUGUST	18, 1	1984	1:20 A _M
	3. SEX	(4 RACE	5. DATE C		- 1	AGE (IN YEARS L	AST BIRTHDAY)	IF UNDER TYEAR	IF UNDER 24 HRS
		Female	Black	1 MONTH	31 13 1	IR .	71	YR		HOURS MIN.
		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTR	Y? 8	D NEVER MARRIE	n 1	9 BALTIMORE CI	_	NTY OF DEATH	
		N.C.	USA	WIDOWE	D DIVORCE		BALTIMO		ITY	MD.
7		TY OR TOWN OF DEATH	JOHNS HOPKI			N	12a. USUAL OCCU			OF BUSINESS OR
-	USUA	AL RESIDENCE (IF NURSING HOME OF	R OTHER INSTITUTION GIVE RESIDENCE BEF	ORE ADMISSIONI						1229
	13a_S	Md.		NWC	134 INSIDE CITY LIMI	ITS?	STREET ADDR	ess / zip co delle	Terr.A	
-	14_FA	THER'S NAME FIRST	MIDDLE Goodwin	1	15_MOTHER'S MAIDE	N NAM	E MIDI	DIE	LAS	ST
		AS DECEASED EVER IN U.S. AR		CURITY NO.	17 INFORMANT		A	DDRESS		
		res, no or unknown) (If yes, Gr	244-07	-8209	John A.	. Co	sby 4	302 A	delle T	err.
		18 CAUSE OF DEATH (Enter or	nly one couse per line for (a), (b),	ond to 11	4				APPROX BETWEEN	ONSET AND DEATH
		PART I. DEATH WAS CAUSE IMMEDIA	TE CAUSE (0) CARD 10	PULM	VARY SA	1E57			3	min
			DUE TO, OR AS A CONSEG		74-				2	Vre
		Conditions, if ony, which gove rise to immediate	(b) META	514710	BREAS"	TC	ANCOR		2	173
		couse (o), stoting the underlying cause lost.	DUE TO, OR AS A CONSEG	DUENCE OF						
1			(c)	·						
	NO	PART 2 OTHER SIGNIFICANT (CONDITIONS CONTRIBUTING I	O DEATH BUT	NOT RELATED TO THE	ETERMIN	NAL DISEASE OR	CONDITION	GIVEN IN PART 11	a
	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHIC	CH OPERATIO	N WAS PERFORMED		200 AUTOPSY?	20b. IF	YES, WERE FINDIN	NGS USED
	TIFIC						YES NO	INCER	RTIFYING CAUSES YES []	NO [
		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	216. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR	21c HOW INJURY O	CCURRE	D (ENTER NATURE O	F INJURY IN ITEM	18 PART I OR PART ?}	
	CAI	(IF EITHER NOTIFY MEDICAL EXAMINER	P.M.	19						
	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE	E. FARM ETC)	211 LOCATION STREET		CITY	ORTOWN	COUNTY	STATE
		AT WORK AT WORK		100000		-1	1	25 //5	6//	
		229 Feertify that (1) (this hospi	August 18			S4	10 HKG KS		19_54	thek (we) lost
		obove (1) we (did) (did no	at) view the body ofter death.		DEGREE	prinigir de	om occorreg on t	ne dole ond i	22c. DATE	
		Gline	7 h w	,	ATTENDI PHYSICI		MEDICAL DIRECTOR PH	STAFF	- Ain	- + 18,1980
		224. PHYSICIAN'S NAME (TYPE	OR PRINT)		22e ADDRESS			61		7000
		Edith F L	leith		600 1	North	wolfe	Stree	e +	21210
		URIAL, CREMATION, REMOVAL	23b DATE 23	NAME OF C	EMETERY OR CREMAT	ORY	23d. LOCATION	WN	COUNTY	STATE
	I	Burial	8/22/84	Churc	h Cem		Haml		.C.	
		NERAL DIRECTOR	ADDRESS		25	o. DATE	REC'D. BY REGIST	RAR ISH REG	SISTRAR'S SIGNAT	
	V	√m [™] C. March F	F.H 1101 E.	Nort	h Ave.	AUG	320198	4 Julia	Davidson-V	panaes

DHMH - 16 50M 4/83 (VRA 15, 4)



				STATE OF MARYLAND		
	1.	FOR STATE REGISTRAR	DEP	ARTMENT OF HEALTH AND MENTA CERTIFICATE OF DEATH		2 2 4 4
1		CEASED NAME FIRST HAZEL	MIDDLE	Cote	20. DATE OF DEATH MONT	L SY SBOWN
)	3 SE		1 RACE	5. DATE OF BIRTH MONTH DAY YE.	77	P LINCOLD LIVERS OF LINCOLD AND AND AND AND AND AND AND AND AND AN
999	7a BI	RTHPLACE ISTATE OR FOREIGN	76. CITIZEN OF WHAT COUN	TRY? NEVER MARRIE WIDOWED DIVORCE	9. BALTIMORE CITY OR CO	
Porified of	18.	A MORE	11. NAME OF HOSPITAL, NI (IF NOT INSUCH FACILITY, GIVES	IRSING HOME OR OTHER INSTITUTION		126 KIND OF BUSINESS OR
er must be	130.		OTHER INSTITUTION, GIVE RESIDENCE IN THE PROPERTY OF		39.39 Colch	cope 00 2122
ond 2	F	RANETS	L. ROB	AR ELL	EN MARIE	BULLETT
- rages		VAS DECEASED EVER IN U.S. AR VES. NO OR UNKNOWN) (IF YES. GR	RMED FORCES?	SECURITY 49:3 17 INFORMANT SETTY 3275 GW	JEAN RICHWEINS ENLEE CIR. O-LL	NACOU MIDIAIJO
emayal.		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA	D BY:	real infarti	en	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Then please remove ca to burial, cremotian, a njury, ar other troumat	NO	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT (DUE TO, OR AS A CONS (b) CORON (b) CORON (c) CONDITIONS CONTRIBUTING	asy artery Vi	I SCOSS	N GIVEN IN PART I 10
Hygiene prior	CERTIFICATION	19a DATE OF OPERATION 8 84 21a. ACEIDEN WAS UNDERLYING	216. TIME OF INJURY	HICH OPERATION WAS PERFORMED JISCH DAY YEAR 1716. HOW INJURY O	IN	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO ()
ond Mental	MEDICAL	OR CONTRIBUTING CAUSE OF DE IF ETHER, NOTIFY MEDICAL EXAMINES 21d. INJURY OCCURRED WHITE NOTIFIED AT WORK AT WORK	MIN .	19 211 LOCATION	CITY ORTOWN	COUNTY STATE
of Health		224 I certify that (I) (this hasp sow the deceased alive an	Al I	19_89, and that in (my) (our) o	ppinion death occurred on the date or	
NT: If Hem		226. SIGNATURE	to As	DEGREE ATTEND PHYSIC		S) 8/1/84
with the State IMPORTANT: IF	12	(JAMes	Carrely	22e. ADDRESS	1. Hospita	
		BURIAL, CREMATION, REMOVAL SPECEY) BURIAL JNERAL DIRECTOR	12590 NOI	23. NAME OF CEMETERY OR CREMA LOGOON PARK CL	m. BALTIMOBE	
0M 4/83 4)				NOSHIP MQ 21794	SAUG RECTOS Y SEA PARTIENT	Erberidson-Hampers

(VRA 15, 4)

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	SPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 hours offer death.
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STATE OF MARYLAND

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REG. NO.					

	FOR STATE REGISTRAR		DEPAI		EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO.	Go I Goo	Carl Carl
	1. DECEASED NAME (TYPE OR PRINT)	Helen	MIDDLE .	Cousl	in	20 DATE OF DEATH MONTH	31 84	26 HOUR 12:5
	3. SEX Female	4 RACE	ite	5 DATE C		6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	# UNDER 24 I
75.00	Jo. BIRTHPLACE (STATE O COUNTRY) Maryland		U.S.A.	2Y? 8	D NEVER MARRIED	9 BALTIMORE CITY OR COM Baltimore		
Doublined of	10. CITY OR TOWN OF DI Baltimore			SING HOME C	OR OTHER INSTITUTION	17g USUAL OCCUPATION UTYPE OF WORK FOR MOST OF WORK WAITESS	ING LIFE) 126 KIND C INDUSTRY Restau	F BUSINESS
A Sast be	USUAL RESIDENCE (* NU 13a STATE Md	RSING HOME OR OTHER INSTIT	13c. CITY OR TO	OWN	13d INSIDE CITY LIMITS? YES NO [1613 Filbert	Street	21226
expanine (John	WIDDIE	Ramanau	skas	IS MOTHER'S MAIDEN NA Ann	WE	Gudas	as
medico	160 WAS DECEASED EVE (YES, NO OR UNKNOWN)	R IN U.S. ARMED FORCE	166)	1-5757	Phyllis Cous	lin Same as	13e	
jury, or other troumatic e		y, which mmediate fing the se lost	TO, OR AS A CONSEC (b) TO, OR AS A CONSEC	OUENCE OF	hrone (Demi	elcolale. true INAL DISEASE OR CONDITION	N GIVEN IN PART 11	
ows ony in	NO DATE OF OPER	ATION 196 C	ONDITION FOR WHI	ICH OPERATIO	N WAS PERFORMED		IF YES, WERE FINDING CAUSES	
rked or Item 18 sh	OR CONTRIBUTING (IF EITHER NOTIFY ME 21d. INJURY OCCU	CAUSE OF DEATH DICAL EXAMINER) RRED WHILE AT HO	ME OF INJURY JR A.M. MONTH P.M. ACE OF INJURY ME STREET, FACTORY, OFFK	DAY YEAR 19 CE, FARM, ETC.)	21t. HOW INJURY OCCURI	RED (ENTER NATURE OF INJURY IN THE	M 18 PART 1 OR PART ?) (OUNTY	STA
T. If Item 21 is mo	22a.l certify that ((i) (this hospital) attend	13 to 19	84 or	nd that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN [death occurred on the date on MEDICAL STAFF DIRECTOR PHYSICIAN	d hour and from the	
IMPORTANT: #	230 BURIAL, CREMATION (SPE BUrial	NUEL	PuB 14/84 25	S IN	22e ADDRESS EMETERY OR CREMATORY	le and		

DHMH - 16 50M 4/83 (VRA 15, 4)

George J. Gonce 4001 Ritchies Hgwy Balto Md SEP 5

" "ia Tairdon Rondon

FOR STATE REGISTRAR		STATE OF M DEPARTMENT OF HEALTH CERTIFICATE	AND MENTAL HYGIEN	E & REG. NO.	21245
1. DECE ASED NAME	lattie MIDDLE	Courns	ton	DATE OF DEATH MONT	29 84 113Pm
Fenal	4 RACE ATE OF FOREIGN TO CITIZEN OF WHAT CO	5. DATE OF BUST	0 97		WONTHS DATS HOURS MIN.
77 5. Ca	dipa unheas	MARRIED	DIVORCED [Baltimore city or co	none City MD.
31 Baltim	OFE COLOMB (IENOT IN SUCH FACILITY, OFE COLOMB MASON) IF NURSING HOME OR OHER INSTITUTION, GIVE RESID	F. LORD +		I USUAL OCCUPATION YPE OF WORK FOR MOST OF WOR	KING LIFE) 126 KIND OF BUSINES OR INDUSTRY
USUAL RESIDENCE 130 STATE MPRY 100 14 FATHER SNAME	13b COUNTY 13CITY	Home Cut LYES)	SIDE CITY LIMITS? 13	STREET ADDRESS 309 Tra	vers Way 2126
Hayes	MIDDLE EVER IN U.S. ARMED FORCES? 1166 SOC	obard	Nora FORMANT	ADDRESS	Walls
(YES NO OR UNKNO	WN) (IF YES GIVE WAR OR DATES) 348	1:16 03168 A	nnie Bell		7 Cuthbert Ave.
. IS CAUSE OF	DEATH LEnter only one cause per line for () ATH WAS CAUSED BY: IMMEDIATE CAUSE (0)	yenewlers	Brain P	nearl	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 3 — 4
gave rise t cause (a), underlying	f ony, which o immediate stating the cause last. R SIGNIFICANT CONDITIONS CONTRIBU	onsequence of	STATED TO THE TERMINA	L DISEASE OR CONDITION	N.C.NEN.B.I.O.ANT.
2 10° VCCIDENTA		R WHICH OPERATION WAS	PERFORMED	20a AUTOP\$Y? 20b.	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES \(\) NO \(\)
00.000,000,000	VAS UNDERLYING 721b, TIME OF INJURY IG CAUSE OF DEATH FF MEDICAL EXAMINER) P.M.			(ENTER NATURE OF INJURY IN IT	
21d INJURY O	CCURRED 216. PLACE OF INJUR (AT HOME STREET FACTO)	Y 211 LC	OCATION STREET	CITY OR TOWN	COUNTY STATE
saw the c	hat (1) (this hospital) attended the decease deceased alive on 8 - 2 4 (we) (did) (did not) view the bady after dea	19 8 4 and that i	. 19 0	h occurred on the day an	, 19 that (I) (we) last and hour and fram the couses stated
27b. SIGNATU		DE GREE	ATTENDING .	MEDICAL STAFF IRECTOR PHYSICIAN	220. DATE SIGNED 8 -30-8 1
22d. PHYSICIAL PHIL	1 LIEVE	-	DDRESS	077 ITE	T SEPICAL CTM
230 BURIAL, CREMA (SPECIFY) B [JRIAL 9/7/84	Mount Zio	n Cem.	23d. LOCATION CITY OR TOWN Lansdowne	, Md.
Wm C Man	ch F/H Inc. 1101	ADDRESS L E North A		C'D. BY REGISTRAR 256 R	EGISTRAR'S SIGNATURE

A Some horas Local has to ALC: Manufile ? the transfer of the state of th Issue Contraction (VS) X . In January I. L. L. Anthener The Control of the Co encepted all materials to make a supplied to the tentage of

total	1 -	FOR STATE REGISTRAR		DEPART		EALTH AND A			2. EG. NO.	1	4 /
moy be . poge 3 ter deoth		CEASED NAME OR PRINT)		HOMAS	Co	N/NG	Sr.	20 DATE OF DEA	8	DAY YEAR 7 S.4	POPA
The special of the sp	3. SE)	M	4 RACE	V 7	5 DATE O		YEAR / 9	6 AGE (IN YEARS)	YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
death. P.	N.	RTHPLACE (STATE OR FORE OUNTRY) Carolina	U.	S.A.	WIDOWE		ORCED	9. BALTIMORE C	174		MD.
	13	or town of Death	(IF NOT IN	OF HOSPITAL, NURSING SUCH FACILITY, GIVE STREET	ADDRESS)	OR OTHER INST	TOTION .	120 USUAL OCC			OF BUSINESS OR
in 24 hours should be shou	130. S Ma	AL RESIDENCE (IF NURSING TATE 13) .ryland 1 THER'S NAME	b. COUNTY	Baltim	N	134. INSIDE CI				Drive	21225
omplete		Earl	MIDDLE	Covingt			amie	MIC	ADDRESS	Gui	
be exected in a management of the second in a management of the se	()	ES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES	237-20	-412			Covingt			ert Dr.
equires that the death certificate a signed by the attending physici. Then please remove carbon paper to burial, cremation, or removal, injury, or other traumatic event, the	NO	Conditions, if any, w gove rise to immed couse (a), stating	CAUSED BY: (MEDIATE CAUSE (o), DUE TO, thich (b), liote the lost. (c),	METASTATION OR AS A CONSEQUE OR AS A CONSEQUE	ENCE OF	NOT RELATED			CONDITION G		
e low r. n. hos bee permit. ene prior	CERTIFICATION	19a DATE OF OPERATIO	LYING 7 21b. TIME	DITION FOR WHICH				YES NO	IN CERT	ES, WERE FINDIO IFYING CAUSES YES PART 1 OR PART 2)	
PHYSICIA planting pla	MEDICAL	OR CONTRIBUTING CAU (IF EITHER, NOTIFY MEDICAL 216. IN JURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	EXAMINER) 21e. PEAC	A.M. MONTH DI P.M. CE OF INJURY STREET, FACTORY, OFFICE, F	19	211 LOCATIO STREET	DN .	CIT	Y OR TOWN	COUNTY	STATE
TTEND pritol or TTOR, A for use of Heol			- 1	195	1		(our) opinion	, to death occurred on	the date and he	0	
ITAL by th SRAL Stote		276. SIGNATURE	AC COUL	5		DEGREE A 27e ADDRES		MEDICAL DIRECTOR P	STAFF HYSICIAN	8/	7/84
TO HOSPITAL retoined by the TO FUNERAL should be det with the Stote IMPORTANT:	23a F	URIAL, CREMATION, RE	ccarte	1	NAME OF (901	5. K		er 51	

STATE OF MARYLAND

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

BURIAL

24 FUNERAL DIRECTOR

Wm C March F/H Inc. 1101 E North Avenual 6

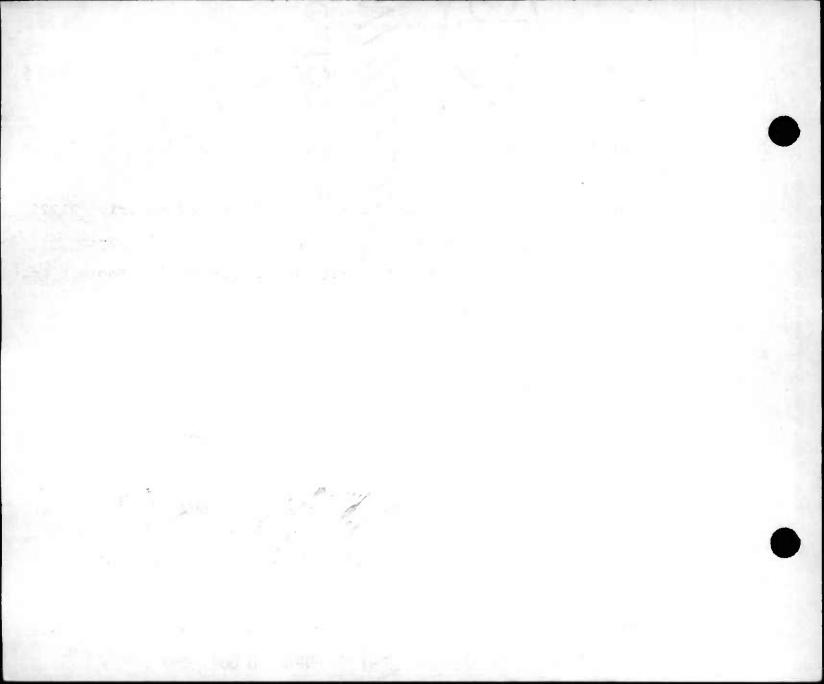
Md. Veteran Cem.

8/13/84

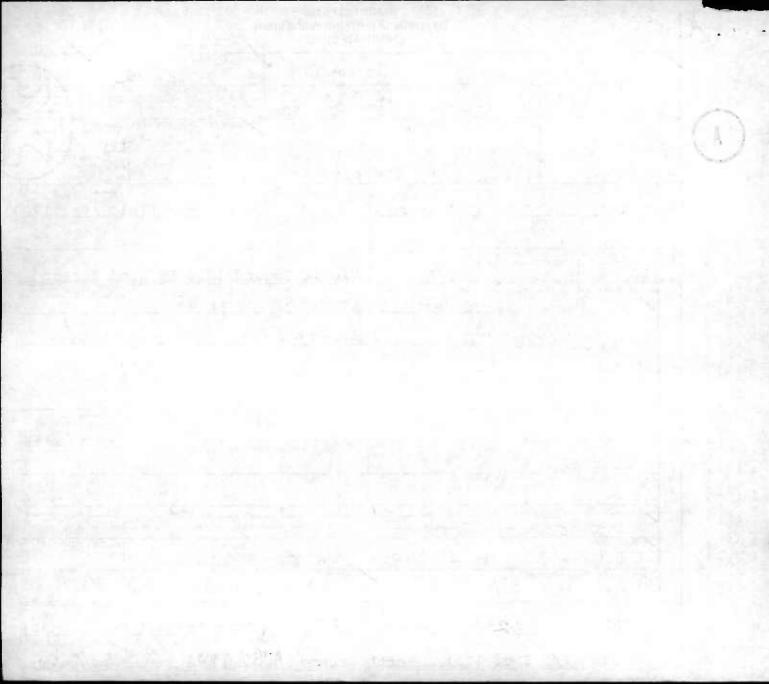
em. Crownsville, Mo 250 Date REC'D BY REGISTRAR 250 REGISTRAR'S SIGNATURE UG 8 1984 Julia Davidson-Rondalle

CITY OF TOWN

Md.



1					E UF MARTLA				•,	. 3
1	1-	FOR STATE REGISTRAR	DEI	PARTMENT OF I	ICATE OF D		NE B 4	2.	C'a	4 0
	_			CERTIF	TEATE OF D		REG. N			/
1		OR PRINT	WIDDLE	0	AST		e. DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
1		Charles	н.	(DWARI		1	8 22	,84	1206
1	3. SEX	(RACE	5. DATE O	OF BIRTH	6	AGE (IN YEARS LAST BIR		DER I YEAR	IF UNDER 24 HRS
1		mala	la la ala	MONT		YEAR		MONIF	DAYS	HOURS MIN
ŀ	7 . 81	male RTHPLACE (STATE OR FOREIGN)	black	5	2	22	62	YRS	N 4 7 1 1	
4	5	COUNTRY)	6 CITIZEN OF WHAT COU	MARRIE	D NEVER M	AARRIED -	PALTIMORE CITY C	K COUNTY OF	DEATH	
4	N	. Carolina	/ U.S.A.	WIDOW		ORCED X	Dain	moreci	ty.	ME
7	19751	TY OR TOWN OF DEATH	NAME OF HOSPITAL, N	URSING HOME (OR OTHER INST		TO USUAL OCCUPAT		KIND OF	BUSINESS OR
71	D	altime	thoud in	+ Ho	protet	- 7-3-1	TITLE OF WORK FOR MOST	F WORKING (IFE)	VUUSIRI	
7	USUA	AL RESIDENCE (IF NURSING HOME OF C			-				7	n 4
31					13d. INSIDE CI		3e STREET ADDRESS		Apt.	
_		ryland	IRGIT	imore	YESX	MAIDEN NAME	24 S. Bee	chfiel	d Av	e.2122
	17.10		JDDLE JAC	st		PIRST	MIDDLE		LAST	
4		7					-	1		
		VAS DECEASED EVER IN U.S. ARM	NED FORCES? 166 SOCIAL	SECURITY NO.	17. INFORMAT	NT	ADDRE	SS		
1	(,	NO	N/	Δ	Vicki	ie Cowa	ard 1806	F 32n	7 St	root
F		18 CAUSE OF DEATH (Enter only			VICINI	te cowe	1 1000	L. JZII	APPROXIM	ATE INTERVAL
1		PART I. DEATH WAS CAUSED	BY.	in culer.	Tach	CARDIA -	> Arroll	9-1-	BETWEEN ON	NSET AND DEATH
		IMMEDIATE	CAUSE (o)	on cucor	1 run 7	CHELLE	111100	1		
		get a supply applying water and to all displaces applying the distribution	DUE TO: OR AS A CON	SEQUENCE OF	0	-OFIN	01111111	Thank	1001	1
П		Conditions, if ony, which	(b)		serve	72 //	une m	n Brock	holle	NS
		gove rise to immediate couse (a), stating the	DUE TO, OR AS A CON	SEQUENCE OF	510	1	OTO 0	7 000	2	
I		underlying couse lost.	(e)		-/1	Coronar	Justing 1	an Inch	,	
1		PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING	G TO DEATH BUT	NOI RELATED	TO THE TERMIN	AL DISEASE OR CON	DITION GIVEN IN	J PART 1/o	
1	O	and the state of t						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
\exists	AT	196 DATE OF OPERATION	196 CONDITION FOR V	VHICH OPERATIO	N WAS PERFOR	RMED	20g AUTOPSY?	206 IF YES, WE	RE FINDING	SCHSED
1	FIC							IN CERTIFYING	CAUSES C	OF DEATH?
-	CERTIFICATION	210 ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY		121. HOWEN	LUDY OCCUPA	YES NO	YES [NO 🗌
-		OR CONTRIBUTING CAUSE OF DEAT	110110 4 41 41 41 41	H DAY YEAR	ZIC HOW IN	JOKT OCCURREL	(ENTER NATURE OF INJUI	LY IN ITEM 18 PART I C	OR PART 2)	
1	CA	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	19			14.50			
	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY	DEELE EARL ESC.	211 LOCATIO	N	CITY OR TO	WN C	OUNTY	STATE
	2	WHILE NOT WHILE AT WORK	TAL HOME STREET, FACTORY, C	PERSE FARM, ETC.)	SINCE		ÇIII OK TO			SIMIC
		22 certify that (1) (this hospital) ottended the deceased (rom 8	21	10 84	10 8/2	2 10 6	d p	ot (1) (we) lost
		sow the deceased alive on_			nd that in (mv) ((our) opinion der	oth occurred on the de			
1		obove, (I) (we) (did) (did not) 226. SIGNATURE	view the body ofter death.			, ,				
1		O II	0-5 1 .00		DEGREE	TTENDING	MEDICAL STAL		22c. DATE S	IGNED
┛		Chilliatel	0-3 MM08	ulus			MEDICAL STAI	IAN	MON WHAT	
,		224 PHYSICIAN'S NAME (TYPE OR	PRINT)		120 ADDRESS	5			0	10
		CHIKWADO	- S- NWOSL	(, hID	1	wide	ent to:	potel	De	Mund
1	23e B	URIAL, CREMATION, REMOVAL	23b DATE	23c. NAME OF C	EMETERY OR C	REMATORY	23d. LOCATION	1		
		BURIAL	8/28/84				CITY OR TOWN	J . 7		STATE
-	_	NERAL DIRECTOR	0/20/84	Cedar	HIII (Anne Aru			Md.
	(4 FU	NAME NAME	ADD	RESS			EC'D. BY REGISTRAR	10		
	Wm	C March F/H			h Arran	IIA bu	2 / 1004	Sulia De	iday >	2



TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled i should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

DHMH - 16 50M 4/83

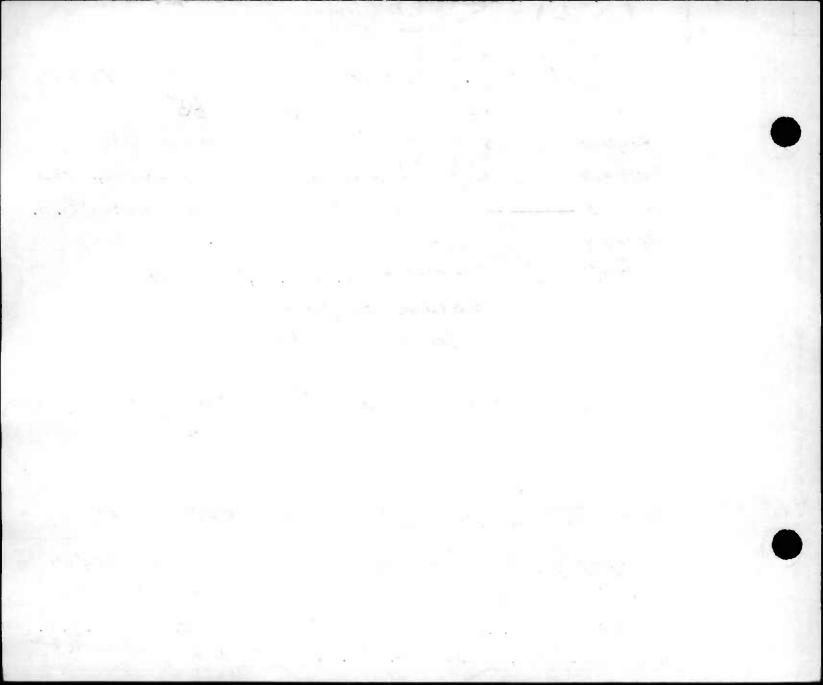
(VRA 15, 4)

IMPORTANT: If them 21 is marked or them 18 shows any injury, or other traumatic event, the medical examiner

rol director, page 3

STATE OF MARYLAND			13		
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	8	4	La	i	
CERTIFICATE OF DEATH		050.110			

7	- 1	REGISTRAR			CERTIF	ICATE OF DEA	TH	REG	G. NO			
		OR PRINT) FIRST		B.		AST		20 DATE OF DEAT	H MONTH	04	YEAR 94	26. HOUR 5:05 24
	1 SEX		1 RACE Whit	e.	5. DATE C	DAY	YEAR 98	6 AGE (IN YEARS LA	25		DER 1 YEAR	# UNDER 24 HRS HOURS MIN.
	70. BIF	RTHPLACE (STATE OR FOREIGN COUNTRY) Mary/and	76 CITIZEN OF V	WHAT COUNTRY?	MARRIEI WIDOWE	D 🔼 NEVER MARI	RIED 🗆	9 BALTIMORE CI				MD.
4	1	Baltimore	Jou to		re G	- 11/	spitul.	128 USUAL OCCU	OST OF WORK	NG LIFE) JIN	DUSTRY,	artins
5	13o. S	Maryland Bal		GIVE RESIDENCE BEFORE	١	13d. INSIDE CITY L YES NO		1 1		ODE Tree	+ Ba	1230 Ho.Md.
U	Lou	USTENRY	MIDDLE	COX		15 MOTHER'S MA	Ly La	N. MIDO		Ŕ	CEE	2
1		VAŠ DECEASED EVER IN U.S. AR YES, NO ORLINKNOWNO (IF YES, GIV	MED FORCES? . E WAR OR DATES)	012-01-3		Mrs. Anno	N.Co	ox, Same a	odress s abo	ve		MATE INTERVAL ONSET AND DEATH
X	CERTIFICATION	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT CONTRACTOR OF OPERATION	DUE TO, OF	AS A CONSEQUE	Mial NCE OF EATH BUT	Aronic O	betruc	INAL DISEASE OR ON THE PULL OF	20h. I	CISC FYES, WE	RE FINDIN	Miocadid IN
	MEDICAL CERT	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHIE AT WORK AT WORK 22a.1 certify that (I) (this haspi sow the deceased alive on above, (I) (we) (did) (did no 22b. SIGNADIRT 22d. PHYSICIAN'S NAME (TYPE of	21e PLACE (AT HOME STR	M. MONTH DA M. DE INJURY EET, FACTORY, OFFICE, FA e deceosed from	19 JUKQ	211 LOCATION SIREET 1 and that in my lour DEGREE ATTER	9 84	ED (ENTER NATURE OF	OR TOWN he date and	, 19 I hour ond	OUNTY 84	state that (1) (we) last couses stated
		Pr. Jorge Y.	Icevedo	Vilá		3001		GINONEL SY	- Bi	1/5m	se,	M)
	(BURIAL, CREMATION, REMOVAL SPECIFY) BURIAL				of Faith		ROSSVIL	10	Be	ilto.	(o.M.
	Ma	ineral director Cully Funeral H	ome, 130	E. FORTS A	lve.Ba	21230 Uto.Md.	ZSo. DATE	REC'D. BY REGIST	84	CASTRARS	ALZA	Thousand



deoth. Poge

hours ofter

24

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TO HOSPITAL OR ATTENDING PHYSICIAN: The

retained by the hospital or

ottending physicion

physician

TO FUNERAL DIRECTOR: After this certificate has been signed by the other should be detached for use as the burial-transit permit. Then please remove c with the State Dept. of Health and Mental Hygiene prior to burial, cremation, marked or Item 18 shows ony

IMPORTANT: If Hem 21 is

MEDICAL

or other troumatic

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE)

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an	- 1	2	4	

	1-	STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO	D. 8	
		CEASED NAME FIRST DANIES	Li G.	CREMINS		8, 1984	26 HOUR 6:35 A
	3. SE)	M	WHITE	S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRT	MONTHS DAYS	
5	7a Bli	RTHPLACE ISTATE OR FOREIGN DUNTRY)	U . S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALT	COUNTY OF DEATH	MD.
0	-	BALTO.	CARDEN VILL	AGE N.H.	170 USUAL OCCUPATION OF THE OF MOST OF	ON 126 KIND INDUSTRI	OF BUSINESS OR
5	13a. S	AL RESIDENCE (IF NURSING HOME OF ATATE 136, COU	OR OTHER INSTITUTION, GIVE RESIDENCE BEF JINTY 134 CITY OR TO		13e STREET ADDRESS	16HCAND	HVE AVE
Q	14 FA	JAMES TAMES	MIDDLE CREM	15. MOTHER'S MAIDEN NA	INE MIDDLE	LANA	Han
		VAS DECEASED EVER IN U.S. A	ARMED FORCES? 166 SOCIAL SEC WE WAR ON TEST 105 0	9-1520 FLANCIS	X. CHEMIN	59/2 PC	MERIZ AVE.
	ATION	PART I. DEATH WAS CAUS IMMEDIA Conditions, if ony, which gove rise to immediate cause (o), stoting the underlying cause lost.	DUE TO, OR AS A CONSEO (b) DUE TO, OR AS A CONSEO (c) CONDITIONS CONTRIBUTING TO	DUENCE OF	AINAL DISEASE OR CONF	agiver,	
2	CERTIFICATION		216 TIME OF INJURY	21c HOW INJURY OCCUR	YES NO	IN CERTIFYING CAUSE YES	S OF DEATH?
	U	tiu. House I had dispersioned	Transcor Indon	DAY WELD	KED (SINIER NATURE OF INJUR	TINTEM IS, PART I OR PART 2)	

HOUR A.M. MONTH YEAR DAY P.M

2 Ic HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)

(IF EITHER, NOTIFY MEDICAL EXAMINER) 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

21f LOCATION

COUNTY STATE

NOT WHILE AT WORK 220.1 certify that (I) (this beginning oftended the declased

and that in (my) (aw) opinion death occurred on the date and hour and from the causes stated

sow the deceased alive an above, (1) (me) (1.54) (did not) view the body after death 226. SIGNATURE

DEGREE

ATTENDING ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22c DATE SIGNED 18/84

OR CONTRIBUTING CAUSE OF DEATH

21d. INJURY OCCURRED

B. BRADLEY, M.D. ALBERT

22e ADDRESS

4900 BELAIR ROAD BALTIMORE, MD. 21206

CITY OR TOWN

230 BURIAL, CREMATION, REMOVAL

23d LOCATION

BY REGISTRAR 256 REGISTRAR'S SIGNATURE

DHMH-16 60M 1/73 (VR A 15 (4))

A STANDED RESIDENCE OF THE STAND THROUGH THE STANDS SAPER TO THE RESIDENCE OF THE PERSON OF THE

(VR A15 ME (5))

1-	FOR STATE REGISTRAR			STA EPARTMENT OF ICAL EXAMIN		ND MENTAL H	F 600	REG. NO.	12	5	1
	ECEASED NAME	FIRST		WIDDLE	LAST		20. DATE KI	NOWN MC	ONTH DAY	YEAR	26 HOU
("	TE ON PRINTY	Rache	1		Cri	SS	DEATH A	AATED X 8	-18	1984	
3. SE	Χ 4	RACE	DATE OF BIRTH	YEAR LAST BIRTHO		1 YR. IF UNDER	24 HRS. 2c. DATE		NIH DAY	YEAR	26. HOL
1	Female	Black	6 14	03 81 Y	, monthis	DATS HOOKS	DEAD	8-	20	1984	1:55
F	BIRTHPLACE (STA OREIGN COUNTRY) eorgia	TE OR	U.S.	AT COUNTRY?	MARRIED WIDOWED	NEVER MARRII	D L I	recity or co imore C		DEATH	
	Baltimo		II. NAME OF HOSP	ITAL, NURSING HOM LITY, GIVE STREET ADDRESS) Dellman Ro	E, OR OTHER II		126. USUAL OCCUPA FOR MOST OF WORKII	TION (TYPE OF W	ORK 12b KI	IND OF BU R INDUSTR	
			OTHER INSTITUTION, GIVE	RESIDENCE BEFORE ADMISS 136. CITY OR TOWN Balto.	ON)	INSIDE (ITY LIMITS?	13e STREET ADDRESS	s pellman	Road	21	225
14. F	ATHER'S NAME FIRST		MIDDLE	LAST		MOTHER'S MAIDE				LAST	14
	WAS DECEASED YES, NO, OR UNKNOW NO	EVER IN U.S. ARM		166 SOCIAL SECURIT		NFORMANT		ADDRESS			
NOIL	couse (a) s lying cause	NIFICANT CONDITIONS CO	(c)	S A CONSEQUENCE	NINAL DISEASE OR (T 1 (a)				
CERTIFICATION	19a DATE OF	OPERATION	196 CONDITI	ON FOR WHICH OPE	RATION WAS P	ERFORMED?				AUTOPSY?	NO [X
	210 EXTERNAL UNDERLYING			MONTH DAY YEA	R 21c. HOW	NJURY OCCURRE	(ENTER NATURE OF INJUS	RY IN ITEM 18 PART I	OR PART 2)		
MEDICAL	21d INJURY OF WHILE AT WORK	CURRED	21e. PLACE O		211 LOCAT STREET		CITY OR TOWN	٧	COUNTY		STATE
7		that I took charge	2000	Ah Mi	D_M.D.A	Inspection Hamicide Inspection Hamicide Inspection Hamicide RESS_111 Pe	Undetermined man MEDICAL EXAMINATION The state of the s	ner	IGIVED	8-21- 21201	
23a	(SPECIFY)	noval 23	8/27/84	23t. NAME OF CE	METERY OR CE	EMATORY	23d. LOCATION CITY OR TOWN		COUNTY	ST	ATE
24	FUNERAL DIRECT	or tomy Boa	ADDRESS	Balto., M	đ.	AUG	2 9 1984	236 REGISTRA		TURE Candall	1

ctor, page 3

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2

FOR STATE REGISTRAR			HEALTH AND MENTAL HYG FICATE OF DEATH	REG. NO	2 1	60	3 4
1. DECEASED NAME	FIRST	MIDDLE	LAST	2a. DATE OF DEATH	MONTH DAY	YEAR	7b. HOUR
(TYPE OR PRINT)	Anthony	L. CI	ROUCH	August 1), 1984		7:20 M
3. SEX	4. RACE		OF BIRTH	& AGE (IN YEARS LAST BIR	THDAY) IF UN	DER I YEAR	IF UNDER 24 HRS
Male	White	. 6	5 151	33	YRS.	HS DAYS	HOURS MIN.
To. BIRTHPLACE (STATE OR FO	REIGN 76. CITIZEN OF	WHAT COUNTRY? 8	IED A NEVER MARRIED	9 BALTIMORE CITY O		DEATH	
Indiana	U.S	A. WIDOV		Baltime	ore City	3	MD.
Baltimore	(IF NOT IN SU	HOSPITAL, NURSING HOME CHEACILITY, GIVE STREET ADDRESS) Uland General		17a USUAL OCCUPATE (TYPE OF WORK FOR MOST O Truck Dri	F WORKING LIFE)	NDUSTRY	F BUSINESS OR
USUAL RESIDENCE (IF NURSIN 130 STATE		GIVE RESIDENCE BEFORE ADMISSION 13c. CITY OR TOWN Hanover	13d. INSIDE CITY LIMITS? YES NO	130 STREET ADDRESS /		210	76
14 FATHER'S NAME FIRST Harry	WIDDIE	Crouch	15. MOTHER'S MAIDEN NA. FIRST Tena.	WE		FO	ster
160 WAS DECEASED EVER IN		166 SOCIAL SECURITY NO.	17 INFORMANT	ADDRE	SS		
(YES, NO OR UNKNOWN)	(IF YES, GIVE WAR OR DATES)	308-58-8967	Sandra Crou	ich Sa	me as 1	3e	
Conditions, if ony, gove rise to imme cause (a), stating underlying cause	which diote the lost. (b) DUE TO, (c)	OR AS A CONSEQUENCE OF Chronic Ren. OR AS A CONSEQUENCE OF Adrenal ins		d Sepsis	DITION GIVEN I	N PART Ita	
19a DATE OF OPERATI	ON 196. CON	DITION FOR WHICH OPERATI	ON WAS PERFORMED	200 AUTOPSY?	706. IF YES, WE IN CERTIFYING	RE FINDING CAUSES	OF DEATH?
71g. ACCIDENT WAS UNDE OR CONTRIBUTING CA (IF EITHER NOTIFY MEDICA 21d. INJURY OCCURRE	USE OF DEATH HOUR	OF INJURY I.M. MONTH DAY YEA P.M. 19				OR PART 2)	
21d. INJURY OCCURRE WHILE NOT WHILE AT WORK AT WORK	LAT HOME. S	OF INJURY TREET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
72a I certify that 於 (saw the decease above, X Swe) (di 77b SIGNATURE	d) (di XX t) view the food	est 10 19 84, value death.	and that in (M) (our) opinion DEGREE ATTENDING PHYSICIAN [27e. ADDRESS	4 to Augus death occurred on the de MEDICAL STAL DIRECTOR PHYSIC	ere and hour and	22c. DATE S	
230 BURIAL, CREMATION, R	EMOVAL 736 DATE 8/11		CEMETERY OR CREMATORY iew Memorial P	k Catonsv11	le cc	Balto	Md'E

DHMH - 16 50M 4/83 (VRA 15, 4)

(SPECTremation

retained by the hospital or attending physician.

TO FLINE AL DIRECTOR. After this certificate has been signed by the attending physicion and campletely though be detached for use as the burial-transit permit. Then please remove corbanapaers. Pages I and 2 shown the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

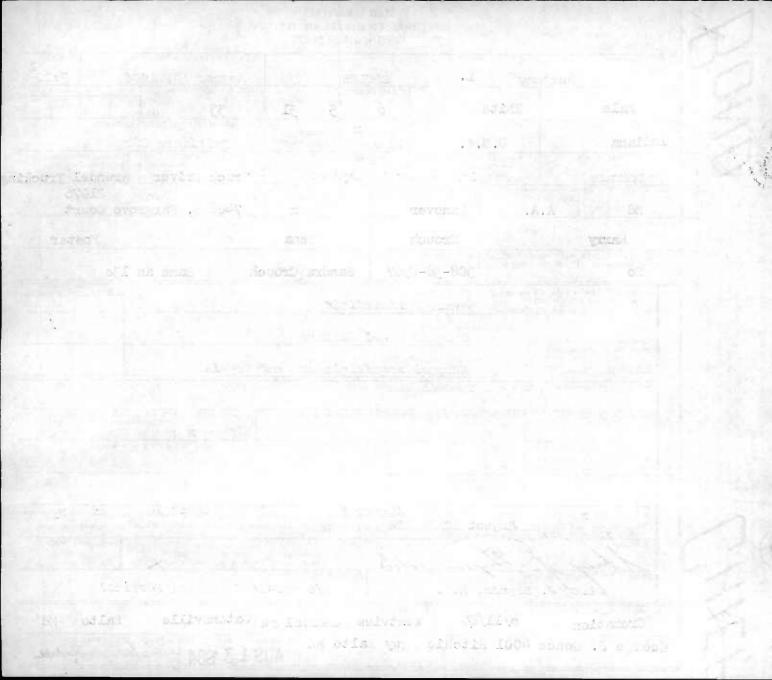
#OFTANT; If Item 21 is morked or Item 18 shows any injury, ar other traumotic event, th

4 George J. Gonce 4001 Ritchies Hgwy Balto Md

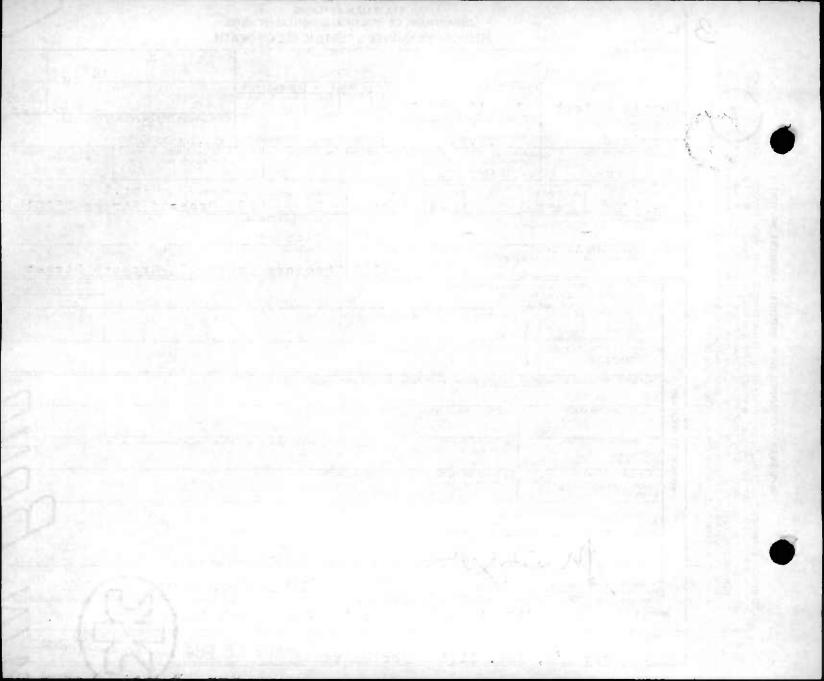
Catonsville

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AUG 1 3 1984 Julia Davidson-Rendelle



2/1	FC = ST						MENT OF	HEALTH		ENTAL	175	n day		2	i	2	5	3
	DECE	GISTRAR ASED NAME R PRINT)				MIDDLE	EXAMI		LAST	CATE	OF DEA	2e. DATE OF	KNOWN ESTI-		момін	DAY 1.2	YEAR	2b. HC
	SEX	nale	MATTI A.RACE Black	5. DATE OF B	BIRTH DAY 17	YEAR 0 8	6 AGE (IN Y LAST BIRTHI	DAY) MONT	DER 1 YR.	IF UNDE	R 24 HRS.	2C DAT PRONOU DEA	INCED		8 10NTH 8	DAY	19 84 VEAR	2d H
5 7°	BIRT FOREI	HPLACE (ST GN COUNTRY) Cylan	ate or	76. CITIZEN (U 11. NAME OI	S.	AT COUN		MARR WIDOV		DIVOR	CED D	Balt	MORE CIT	e Ci	ity	12b KIN	EATH	JSINES
7 / 13	UAL STA	ltimor RESIDENCE TE ylan	(IF IN NURSING HOME O	430 O	Orch	RESIDENCE	St.	ION)	13d. INSIDE	CITY LIMITS?	13e. STR	EET ADDR		Aı	pt. Str		21	201
20	a. WA		D EVER IN U.S. ARA				LAST	TY NO.		ER'S MAID FIRST L Z a b (ENNAME		MIDDLE ADDR				AST	
1	1	NO, OR UNKNO	F DEATH (Enter onl	ly one couse p		ar (a), (b					e Cri	use	430	Ord	cha	API	Str	E INTERVA
		gave ris cause (a) lying cau	ns, if ony, which be to immediate stating the <u>under</u> -	(b)_ DUE TO	O, OR A	S A CON	nsequence nsequence	OF OF			ART 1 (d).							
	IFICALIC	9a DATE OF	OPERATION	19b C	ONDITIO	ON FOR	WHICH OPE	RATION W	/AS PERFO	RMED?							UTOPSY	? NO
3	(A10	NDERLYING ONTRIBUTION	L CAUSE WAS OR OG CAUSE OF D	DEATH	P.M.	MONTH	19	R	OW INJURY	Y OCCURR	ED (ENTER)	NATURE OF I	NJURY IN ITE	M 18 PART	1 OR PAI	_		
		NHILE TO WORK				F INJURY RY, FARM, E	(AT HOME,		STREET			CITY OR T	OWN		COI	UNTY		STA
0	,	22e I certif deoth resulte CTUAL IGNATURE	fy that I took chorg	e of the remoi	9	Accident		Autop	Homi	Inspection Inspection	Undet	Inquiry ermined n	nonner],	DATE SIGNE		14-8	34
723		XAMINER'S I YPE OR PRI		M. Di				METERY C	ADDRESS.	111 E		St.,	Balt	0.,			1201	
24	FUN	IERAL DIREC	TION, REMOVAL 2 TOR TOR	A	DDRESS		name of ce			25a. DATE	REC'D. BY	DECISTO	1 s t c	ECISTO	AD'S S	KENIATI	Md'	



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST 20 DATE OF DEATH YE AR DECEASED NAME FIRST MIDDLE MONTH 26 HOUR LIYPE OR PRINTS 01 CULP 84 SVERETT W. 22 4. RACE 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYFAR IF UNDER 24 HRS 3 SEX MONTH YEAR -AUCASIAN MALE 78 24 1906 2. 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH INTHPLACE ISTATE OR FOREIGN MARRIED NEVER MARRIED USA BALTIMORE CITY DIVORCED WIDOWED IL CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12n USUAL OCCUPATION 12h, KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY RALTIMORE MIEMS PASTORICHURCH USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) ANNE ARUN 13e STREET ADDRESS / ZIP CODE 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 124 KONRAD MORGAN WY LOTH IAN YES [NO F 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE MIDDLE Man 160 WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO 17 INFORMANT Man upporder (YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 215-36-8470 Lathian, Mc APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) MULTI-ORGAN SYSTEMS FAILURE DUF TO OR AS A CONSEQUENCE OF 8 DAYS MOTOR VEHICLE ACCIDENT Conditions, if ony, which gove rise to immediate couse (o), stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED 19a. DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? ABDOMINAL BLEED 8-14-84 NO [21m. ACCIDENT WAS UNDERLYING 21h. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH YEAR DAY OR CONTRIBUTING CAUSE OF DEATH VEHICLE ACCIDENT MEDICAL MOTOR 1742_P.M 1985 (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 71e. PLACE OF INJURY 21f. LOCATION COUNTY STATE CITY OF TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) WHILE NOT WHILE AT WORK 8-1 22s. L certify that (1) (this hospital) attended the deceased from. sow the deceased olive on 8-22-64 obove, (I) (we) (did) (did not) view the body ofter death. (dyr) opinion death occurred on the lighte and hour and from the couses stated and that in (my MENTINE APPRINTED IN METHER TRANSPER 77h SIGNATHRE DEGREE 22c DATE SIGNED ATTENDING PHYSICIAN DIRECTOR PHYSICIAN D 27e ADDRESS

DHMH - 16 50M 4/83 (VRA 15, 4)

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24 FUNERAL DIRECTOR

230 BURIAL CREMATION REMOVAL

23b. DATE

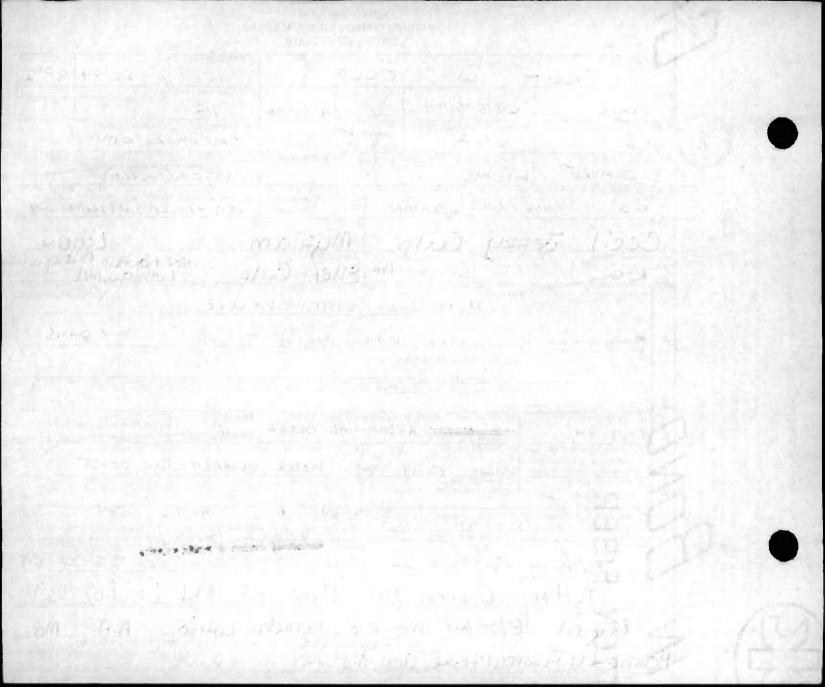
(DORDAN

23c. NAME OF CEMETERY OR CREMATORY

23d LOCATION

250. DATE-REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

ia Lundson-handsel



ve corbonpapers. Pages

injury, ar ather traumatic

IMPORTANT: If hem 21 is marked or hem 18 shows

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion should be detached for use as the burial-transit permit. Then please remove corbon papers. P with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2 1 2 5 44

REGISTRAR				CERTIF	ICATE OF DEATH	REG. NO			
I. DECEASED NAME	FIRST	,	MIDDLE	l	AST		MONTH	DAY YEAR	26 HOUR
	reder	ick	R.	Cu	lp	August	18,	1984	M
1. SEX		1. RACE		5. DATE C	F BIRTH	6 AGE (IN YEARS LAST BIRT		IF UNDER 1 YEAR	IF UNDER 24 HRS
male		bla	ack	11	25 12 YEAR	71	YRS	MONTHS DATS	HOURS MIN.
To. BIRTHPLACE (STATE OF	FOREIGN	b. CITIZEN OF	WHAT COUNT	TRY? 8	NEVER MARRIED	9 BALTIMORE CITY O		Y OF DEATH	
Pennsylva	nia	U.5	5.A.	WIDOWE		Baltimor	e Ci	ty,	MD.
10 CITY OR TOWN OF DE	ATH				R OTHER INSTITUTION	12a USUAL OCCUPATION	N	12b. KIND O	F BUSINESS OR
Baltimore			HFACILITY, GIVES Vinsto	on Aven	ue	TYPE OF WORK FOR MOST OF	WORKING	LIFE) INDUSTRY	
USUAL RESIDENCE (IF NUE	136 COUN		GIVE RESIDENCE E		13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS			
Maryland	100 00011			imore	YES X NO	1343 Win	stor	Avenu	e 21239
14 FATHER'S NAME		NODLE	LAST		15. MOTHER'S MAIDEN N	AME			
11631	_ "	-	- (A31		Agnes	WIDDLE		Culp	
160 WAS DECEASED EVE			166 SOCIAL	SECURITY NO.	17 INFORMANT	ADDRE	SS		
NO (YES NO OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES)	212-1	8-0105	Cleora Cul	p 1343 Win	stor	Avenu	е
18 CAUSE OF DEA			•		/ 4	/			MATE INTERVAL
PART I. DEATH V	WAS CAUSED IMMEDIATE		sche	mic	heart d	1sease		4	are Is
	MACONAI		R AS A CONSI	EQUENCE OF					
Conditions, if an	, which	(b)	K AS A CONSI	EQUENCE OF				0	
gave rise to im	mediate	10/	0.45.4.600161	FOURNISE OF	HIS MOTO				
underlying caus		DUE 10, OI	R AS A CONSI	EQUENCE OF				1000	
PART 2. OTHER SIG	NIEJCANT G	ONDITIONS CO	ONTRIBUTANG	TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CONF	ITION G	IVEN IN PART 10	
	bete	s m	no le	7 4					
190 DATE OF OPERA	NOITA	196 CONDI	TION FOR WI	HICH OPERATION	N WAS PERFORMED	200 AUTOPSY?		S, WERE FINDIN	
H.						YES TO NOT		IFYING CAUSES	OF DEATH?
210. ACCIDENT WAS UP	DERLYING	21b. TIME O			21c HOW INJURY OCCU	RRED (ENTER NATURE OF INJUR	Y IN ITEM 18	PART I OR PART 2)	
		HOUR A.	M. MONTH	DAY YEAR	34.				
OR CONTRIBUTING [] (IF EITHER NOTIFY MEE 21d INJURY OCCUI		21e. PLACE	OF INJURY		21f LOCATION				
WHILE NOT W	HILE	AT HOME, STR	PEET, FACTORY, OF	FICE, FARM, ETC)	STREET	CITY OR TOV	VN	COUNTY	STATE
220.1 certify that (al) autended the	e deceased fr	om A	une 1979	2 10 Adig	ust	19.84	that (I) (we) lost
saw the decea	sed alive an	Augu	81 6	0111	d that in (my) (our) apinior	death occurred an the da	te and ha		
22b. SIGNATURE	did not	view the bady	offer deoth.	- 1	DEGREE			22c. DATE	SIGNED
1		min	0	>	ATTENDING	MEDICAL STAF		2-	70-84
22d. PHYSICIAN'S N	IAME (MELOS	PRÍNT)	1 .		22e. ADDRESS	DIRECTOR LI PHISIC	0.		00.
Evano	ekos	C.	4191	nos	201E. W	HINESSITY 1	KW	y, Bak	timore
230. BURIAL, CREMATION	DEMOVAL	23b. DATE	T	23, NAME OF C	EMETERY OR CREMATORY	23d. LOCATION			
BURIAL	, KLINIO VAL	8/23/			Auburn Cem			COUNTY	Md. STATE

DHMH-16 30M 2/80 (VRA 15, 4)

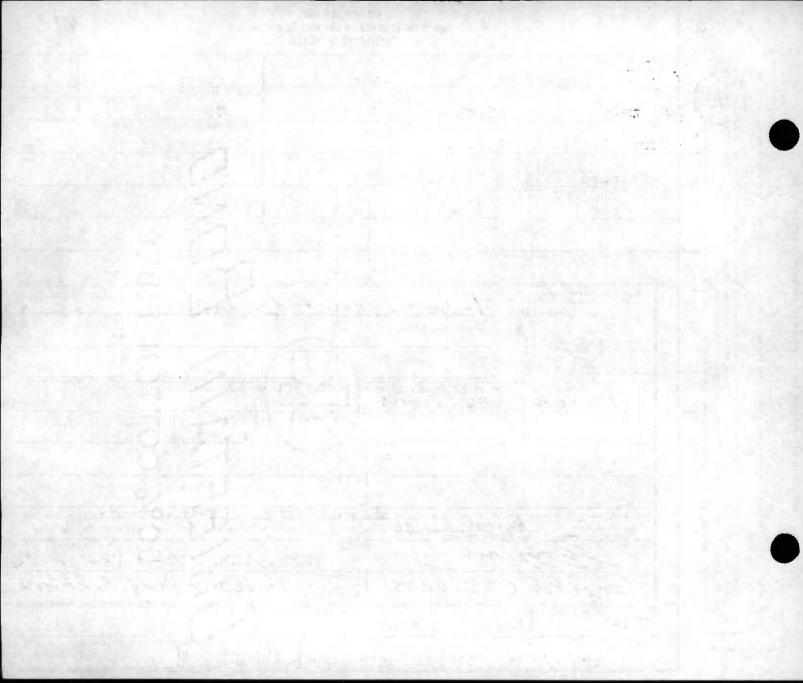
etoined by the hospital HOSPITAL

> 24. FUNERAL DIRECTOR Wm C March F/H Inc. 1101 E North Avenue

Mount Auburn Cem.

Baltimore, Md. STATE 230. DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE

AUG 2 1 1984



DHMH - 17

(VR A15 ME (5))

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

			AND MEN		
MEDICAL	EXAMI	NER'S	ERTIFICA	ATE OF	DEATH

•	1-3	FOR STATE REGISTRAR		MEDICA	RTMENT OF HE	R'S CERTIFIC		11 h 11 m/s	REG. NO.	1 2	*	0
		EASED NAME	FIRST	MIDDE	3	LAST		20. DATE KN	NOWN X	ONTH DAY	YEAR	26 HOUR
1	,,,,,		Isaiah			Cure, d	Jr.	DEATH A	AATED 8	/26/84	19	M
	3. SEX		ACK 5. DA	ATE OF BIRTH NITH DAY 5 /28/80		IF UNDER 1 YR.	IF UNDER 24 H		ED 8,	/26/84	YEAR	24 HOUR 4:40 A M
-	7a. BIF	RTHPLACE (STATE OR	7b. C	ITIZEN OF WHAT CO	OUNTRY?	MARRIED NE	VER MARRIED	9 BALTIMO	RE CITY OR CO	OUNTY OF D	EATH	
3	13	ALto. 1	nd	4,5,1		VIDOWED	DIVORCED	□ Balt	timore			MD
7	10 CI	ry or town of DEA Baltin		NAME OF HOSPITAL, IF NOT IN SUCH FACILITY, G Provident		OR OTHER INSTITU	TION 12a	USUAL OCCUPA FOR MOST OF WORKIN	NG LIFE)		ND OF BUS INDUSTR	
6	USUA 13a. ST	L RESIDENCE (IF IN NU	IRSING HOME OR OTHE		ENCE BEFORE ADMISSION)	13d INSIDE C	ITYLIMITS? 13e	STREET ADDRESS	PARK	He	2/1	5
	14 FA	THER'S NAME FIRST	MIDI	C C	ure	Hoi		MIDI		CRO	LO NE	e.R
		AS DECEASED EVER S, NO, OR UNKNOWN)	IN U.S. ARMED F		HONE			, Perh	3690	PARK	Her	shits.
A STATE OF THE PARTY OF THE PAR	Z	Conditions, if a gave rise to cause (a) stating lying cause last.	immediate g the <u>under-</u>	DUE TO, OR AS A	Sudden Inf. CONSEQUENCE OF CONSEQUENCE OF						VEEN ONSET	
	IFICATIO	19a. DATE OF OPERA	ATION	196 CONDITION F	OR WHICH OPERAT	ION WAS PERFOR	MED?	- 14		1	UTOPSY?	NO []
1	MEDICAL CERTIFICATION	210 EXTERNAL CAU UNDERLYING CONTRIBUTING	OR	21b TIME OF INJUI HOUR A.M. MOI P.M.		21c HOW INJURY	OCCURRED (E	NTER NATURE OF INJUR	Y IN ITEM 18 PART 1		13 kg	
	MEDI	21d INJURY OCCUR WHILE NOT AT WORK AT W	WHILE D	21e PLACE OF INJ STREET, FACTORY, FA		21f. LOCATION STREET		CITY OR TOWN		COUNTY		STATE
2			I took charge of t	he remoins described uses X Accid	obove, held an	TITLE (S	SPECIFY)	, Inquiry [ndetermined man	ner ,	my opinion	/26/8	34
-		EXAMINER'S NAME (TYPE OR PRINT)	Greed		fman, M.D	ADDITE 33		Penn St	t			
	23a.Bl	Burial Burial		29/84	East View			CITY OR TOWN Baltimor	e. Marv	land	STA	ATE.

24 FUNERAL DIRECTOR

ADDRESS

Law Funeral Home 4611 Park Heights Ave.

AUG 2 9 1984 Julia Dandon Hander

12 16/2 3250 Note The second S. E. L. Witt-Lord About we Commen AUG S J. M. B. Submander All F S OUA

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attending physicial

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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

		HEALTH AND MENTAL HYD	GIENE 3 44 REG. NO	2 1	2 3	1
	MIDDLE	LAST	20. DATE OF DEATH	MONTH DAY	YEAR 26. HO	OUR
	S. C.	CURTIS ARTIS		9 11	1984 10	10 M
ACE		OF BIRTH	6. AGE (IN YEARS LAST BIRT			DER 24 HRS
whi		3 / 1903	80	YRS.	THS DAYS HOUR	5 MIN.
ITIZEN OF	WHAT COUNTRY? 8.	IED & NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY OF	DEATH Ci	tv
11.5	A WIDOV		RAI	TIMOR	E SI DEAN	15 Nun
NAME OF	HOSPITAL, NURSING HOME		120. USUAL OCCUPATION	ON I	12b. KIND OF BUSI	INESS OR
IF NOT IN SU	CH FACILITY, GIVE STREET ADDRESS)	. /	Alteration	S WORKING LIFE)	Clothin	g
RINSTITUTION	131. CITY OR TOWN Baltimore	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 846 Rever	dy Road	21212	
E	Merrifield	15. MOTHER'S MAIDEN NA Caroline	WE	Rí	ich LAST	1
FORCES?	166. SOCIAL SECURITY NO.	17. INFORMANT	ADDRE	SS	Yes 1	
OR DATES)	215-01-6819	Russell B. C	Curtis same	as 13e.		
e couse pe	r line for (o), (b), and (c).) E. COL	, STAPHY	Locaccus St	PSIS	APPROXIMATE IN BETWEEN ONSET A	ITERVAL ND DEATH
DUE TO, C	OR AS A CONSEQUENCE OF	STROKE			DOW.	
DUETO	R AS A CONSEQUENCE OF					13.57
00210,0	N AS A CONSEQUENCE OF				1. 1/2	
(0)	ONITRIBUTING TO DEATH BE	IT NOT RELATED TO THE TERM	AINIAL DISEASE OR CONF	NITION LODGEN	IN LOADY 1	
JIIIONS <u>C</u>	ONTRIBUTING TO BEATH BE	THO RECATED TO THE TERM	MINAL DISEASE OR CONL	JII ON GIVEN	IN PART IIO	
196. COND	OITION FOR WHICH OPERATI	ON WAS PERFORMED	YES NO		VERE FINDINGS US NG CAUSES OF DE NO	ATH?
21b. TIME C HOUR A P			RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART	1 ORPART 2)	
	OF INJURY	211. LOCATION STREET	CITY OR TO	WN	COUNTY	STATE

190. DATE OF OPERATION 196. CONDITIO 21b. TIME OF I 210. ACCIDENT WAS UNDERLYING HOUR A.M. OR CONTRIBUTING CAUSE OF DEATH

HELEN

136 COUNTY

4. RACE

6000

MIDDLE

(IF YES, GIVE WAR OR DATES)

IMMEDIATE CAUSE (o)_

EN

I STATE OR FOREIGN

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, 130. STATE

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

Conditions, if ony, which

gove rise to immediate cause (a), stating the

underlying couse

18. CAUSE OF DEATH (Enter only one couse per lin PART I. DEATH WAS CAUSED BY:

PART 2. OTHER SIGNIFICANT CONDITIONS CON

22a.1 certify that (1) (this hospital) attended the deceased from sow the deceased alive on above (1) we (did) (did ha

226. SIGNATURE

FOR - STATE REGISTRAR . DECEASED NAME

(TYPE OR PRINT)

Ze. BIRTHPLACE

coMaryland 10 CITY OR TOWN OF DEATH

AHIMORE

William

(YES, NO OR UNKNOWN)

Maryland 4. FATHER'S NAME

3 SEX

(did not) view the body ofter death

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated DEGREE

Druid Ridge Mausoleum

ATTENDING ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22c. DATE SIGNED

226. PHYSICIAN'S NAME (TYPE OR PRINT)

(IF EITHER NOTIFY MEDICAL EXAMINER! 21d, INJURY OCCURRED

> NOT WHILE AT WORK

22e. ADDRESS

23c. NAME OF CEMETERY OR CREMATORY

236 LOCATION

Maryland

BP

DHMH - 16 50M 4/82

Entombment 24. FUNERAL DIRECTOR

(VRA 15, 4)

230. BURIAL, CREMATION, REMOVAL

ADDRES 1050 York Road Ruck Towson Funeral Home, Inc. Towson, Maryland

8-15-1984

23b. DATE

Pikesville DABY RESISTRARIZED REGISTRARISMO

ond completely filled in by the funeral director oges] and 2 should be filed within 72 hours of

must be notified at once.

with the State Uppr of incoming one reserver, year.

IMPORTANT: If them 21 is marked or Item 18 shows ony injury, or other troumotic event, the medical explaints in the medical explaints.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and cai should be detached for use as the buital-transit permit. Then please remove corban papers. Pages 1 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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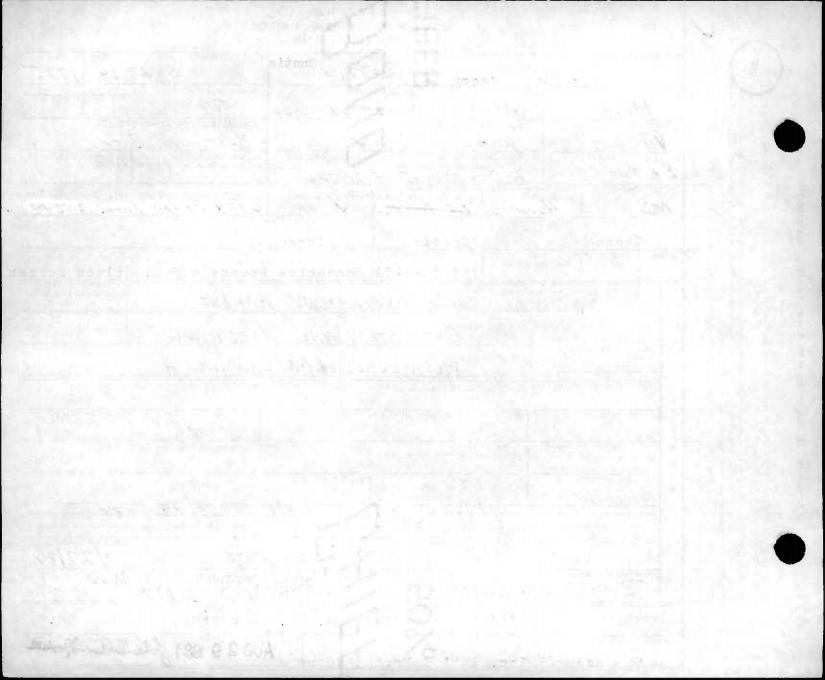
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2)		6 40	4.0	

1.	STATE REGISTRAR	OE!	CERTIF	ICATE OF DEATH	REG. NO.	La l		
	CEASED NAME FLOYE	Henry	ci	STIS Custis	20 DATE OF DEATH	5 27 84	26 HOUR 1725 M	
3. SE	MALE	BLACK	5. DATE O	DAY YEAR	6. AGE (IN YEARS LAST BIRTHE		YEAR IF UNDER 24 HRS DAYS HOURS MIN.	
7a. B	IRTHPLACE (STATE OR FOREIGN SOUNTRY)	76. CITIZEN OF WHAT COUP	MARRIE WIDOWE	D DEVER MARRIED DIVORCED	9. BALTIMORE CITY OR BALTIMOI		H MD.	
10. C	ALTIMORE	11. NAME OF HOSPITAL, NIE NOT IN SUCH FACILITY, GIVE		OSPITAL	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF V		ND OF BUSINESS OR	
130.	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN	ALA 13t CITA OI		YES NO			et 21229	
14. F)	ATHER'S NAME * George	MIDDLE LA		15. MOTHER'S MAIDEN NAM	WE		LAST	
	WAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV	/E WAR OR DATES]	SECURITY NO. 10-9134	Jeannette	ADDRESS Fountain 5		ton Stree	
	18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	nly one cause per line for (a), ED BY: TE CAUSE (a)			ARREST		PROXIMATE INTERVAL WEEN ONSET AND DEATH	
NO	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT (, (c)	STROINTS SEQUENCE OF EPATOC	ELLURAR		4	Rĭ Ira	
MEDICAL CERTIFICATION	196 DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED			200 AUTOPSY? 200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \(\text{NO} \) YES \(\text{NO} \)			
	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONT	H DAY YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY I	N ITEM 18 PART I ORPA	RT 2)	
	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, O	OFFICE, FARM, ETC)	211. LOCATION STREET	CITY OR TOWN	n COUN	TY STATE	
	22a.1 certify that (I) (this hospital) attended the deceased from							
	27b. SIGNATURE	in Sut	M	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIA	9	27/84	
	ZAHID V	U- BUTT	Oil.	ELKRIDGE	0011211.140	TON BLI 227	D.	
23a.	BURIAL, CREMATION, REMOVAL BURIAL	23b. DATE 9/1/84		s Mem. Pk.	Arburus,	COUNTY	M d STATE	
24 F	UNERAL DIRECTOR	ADI	DRESS	25a DAT	AUG 2 9 1984	REGISTRANS SIC	Lon Pandall	

Wm C March F/H Inc. 1101 E North Avenue

DHMH - 16 50M 4/83 (VRA 15, 4)

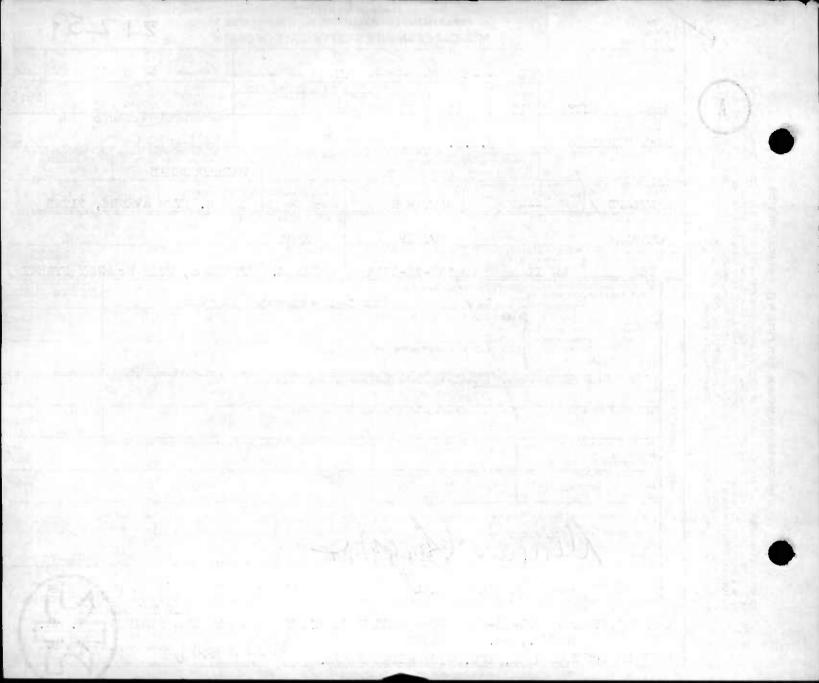


X	FOR			E OF MARYLAND EALTH AND MENTAL	HYGIENE	17 50
11-	STATE REGISTRAR	M	EDICAL EXAMINE			11 405 3
	ECEASED NAME FIRST		MIDDLE	LAST		ONTH DAY YEAR 26 HO
	RAY	MOND	EDWARD	CUTLIP	DEATH MATED X	8 12 19 84
3 SE	X 4 RACE	S. DATE OF BIRT			ER 24 HRS 20 DATE MC	ONTH DAY YEAR 2d HO
	MALE WHITE	12 20				0 12 19 04
F	OREIGN COUNTRY)		WHAT COUNTRY?	MARRIED NEVER MAR		
	TEST VIRGINIA		S.A. SPITAL NURSING HOME.		RCED Baltimore C	
1	Baltimore	(IF NOT IN SUCH	FACILITY GIVE STREET ADDRESS) St Lynne Ave.		FOR MOST OF WORKING LIFE) WAREHOUSEMAN	OR INDUSTRY
13a.	AL RESIDENCE (IF IN MURSING HOM STATE 13b COL IARYLAND	E OR OTHER INSTITUTION,			13e STREET ADDRESS 506 E. LYNN AVI	ENUE, 21223
19. F	ATHER'S NAME	WIDDLE	LAST	15 MOTHER'S MAIL	DEN NAME	LAST
	CHARLES		CUTLIP	MARY		COOL
160	WAS DECEASED EVER IN U.S. A YES, NO, OR UNKNOWN) (IF YES, GI	RMED FORCES? VE WAR OR DATES)	166. SOCIAL SECURITY I	NO. 17. INFORMANT	ADDRESS	21223
	YES WW	II	232-22-187	6 MARIE H.	O'DONNELL, 2013 N	MCHENRY STREET
NO	lying cause last. PART 2 OTHER SIGNIFICANT CONDITIO	(c)	TH BUT NOT RELATED TO THE TERMINA	AL DISEASE OR CONDITION GIVEN IN	PART 1 (a)	
CERTIFICATION	198 DATE OF OPERATION	19b. CONI	DITION FOR WHICH OPERA	TION WAS PERFORMED?		20 AUTOPSY?
Į į						YES NO
AL CE	210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE O	HOUR A	OF INJURY .M. MONTH DAY YEAR .M. 19	21c HOW INJURY OCCUR	ET TAP BE MATE ME YRULM TO SRUTAM SATURAL STARTS	OR PART 2)
MEDICAL	214 INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK		E OF INJURY (AT HOME, ACTORY, FARM, ETC.)	211 LOCATION STREET	CITY OR FOWN	COUNTY STA
	ACTUAL SIGNATURE	tural causes 🗓 .	Accdem Suici	M.D. Assistar	Undetermined monner	DATE 8-13-84
23o.1	EXAMINER'S NAME Denr. (TYPE OR PRINT) Denr. BURIAL, CREMATION, REMOVAL			ADDRESS 111	Penn St., Balto.,	
	EMOVAL/BURIAL	08-16-8		LY CEMETERY	23d LOCATION WEBSTER WESTBSTER SPRIN	COUNTY STATE
		TO MD	21220		REC'D. BY REGISTRAR 1251 REGISTA	

DHMH - 17 (VR A15 ME (5)) 20M 4/B2

HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.

AUG 1 3 1984 Julia Julian Handell



)	DELAY IS NECES TO THE FLINER I PAGE 5 FOR BE FILED, WITH
ORE, MD. 21201	DEATH IF ANY DELAY IS AGES 1, 2, AND 3 TO THE RM PM 3. RETAIN PAGE 1 AND 2 SHOULD BE FILED OF VITAL RECORDS, 201
TON ST., BALTIM	124 HOURS AFTER 1 ITEM 18. GIVE PA ALONG WITH FOI T PERMIT. PAGES 1 OFFINE, DIVISION DVALL
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS NECES EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND 3 TO THE FUNE PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. 3. RETAIN PAGE 5 FOR FOUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL. TRANSIT PERMIT, PAGES 1 AND 2 SHOULD BE FILED, WITH AFFERD PRECTOR: PAGE 3 SHOULD BE FILED, WITH AFFERD PRECTORS AND 2 SHOULD BE FILED. WITH AFFERD PRECTORS AND 2 SHOULD BE FILED.
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	TIPE	JR PRINT)	VI	RGINI	A -P	ANAHE			ANAKEF	4		OF DEATH	ESTI-	D	8	6	1984	
	Fe:	male	4. RACE White	Aug	g. 13,	1912,		PAY) MONT	HS DAYS	HOURS	MIN.	PRONOU DEA	NCED	٨	HTMON	13	19 84	5:30 p
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130.	STA Maj	ryland	IF IN NURSING HO	ME OR OTHER		13c. CIT		ION)	13d INSIDE CI	NO 🗌		EFT ADDR	N. (Calv	ert	St	20 Balt	Z imore
14.		ate Wa	lter Cu	tchi	ns		LAST		15. MOTHE	R'S MAID	EN NAME	purri	Ler				LAST	18
160.	(YES,	AS DECEASEL NO, OR UNKNO	EVER IN U.S.	ARMED FO	DRCES?	16b. SO	CIAL SECURI	TY NO.	17 INFORM		elic	ner 9				-		d 214 202
		PARTIDE		ISED BY: DIATE CAL	JSE (o) A	rterio	osclero NSEQUENCE		cardic	Vasci	ular	dise	ase	4		BETV	PPROXIMAT WEEN ONSE	EINTERVAL I AND DEAT
Z	F	Condition gove ris couse (o) lying cou	IMMEI Is, if ony, when to immediately the uncommendately the uncommen	DIATE CAU	(b)	rteric RASACOI RASACOI	OSC lero	OF OF				dise	ase			AFETV	PPROXIMAT	E INTERVAL T AND DEAT
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- 13H/MAG-Pomale White Age, 13,1917, 72 Unicimore U.S.A. VIII30 Have - Switzenia-filitsbirize in the santing arvian. Lite nor Surrice inte Wilter Auchin Patty Froelicher 906 Frierose Rd Apt 201 Aug. 17, 1984 Fine Grove Genecary St Airey Maryland Harry & Witzke 4112 Columbiand Filicott City AUS 1 7 Seq & L. Kinger 200 cm TO FUNERAL DIRECTOR, After this certificate has been signed by the attending physicion and campletely filled in by the funeral should be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages 1/and 2 should be filled within 72 with the State Dept of Health and Mental Hygiene prior to burial, cremation, ar removal.

BP. DHMH - 16 50M 4/83 (VRA 15, 4)

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	REGISTRAR				CENTIL	ICATE OF DEATH	REG. N	10.		
	CEASED NAME E OR PRINT)	Harry		Dansber	ger	AST	20 DATE OF DEATH August		84	Noon
3. SE	Male		RACE White		S. DATE C	0 BIRTH 1914 YEAR	6 AGE JIN YEARS LAST BH	YRS	IF UNDER 1 YEAR	IF UNDER 24 H
	Frederick,	M.	<i>u.s.</i>		WIDOWE		Baltimo	ne (i	ty	
	Baltimore,	M.	4103	Wilke Av	ADDRESS)	DR OTHER INSTITUTION	Printer-Re	OF WORKING LIF		Business of Busin
13a. S	AL RESIDENCE (IF NURSE STATE	NG HOME OR O		Batto.		13d. INSIDE CITY LIMITS? YES K NO [13e STREET ADDRESS	ke Av	e2120	6 Form
14. F/	ATHER'S NAME FIRST	e W. Z	ansber	ger	·	15. MOTHER'S MAIDEN NA/	e Yinger		lAS	51
	WAS DECEASED EVER I		NED FORCES? WAR OR DATES)	216-09-8	1765	Mrs. Eva B.	Dansberge		Wilke	Ave2
	Conditions, if ony, gave rise to imm couse (a), stoting	rediate	DUE TO, OI	R AS A CONSEQUE	ence of	PA				
	underlying cause									
FICATION					DEATH BUT	NOT RELATED TO THE TERM	20a AUTOPSY?	20h IF YES	S, WERE FINDING CAUSES	NGS USED OF DEATH?
CAL CERTIFICATION	PART 2 OTHER SIGN	ERLYING AUSE OF DEAT	196 CONDI	ITION FOR WHICH IF INJURY M. MONTH DA	OPERATIO		200 AUTOPSY? YES NO	20b IF YES IN CERTIF YE	S, WERE FINDIN YING CAUSES S	NGS USED
MEDICAL CERTIFICATION	PART 2 OTHER SIGN 190 DATE OF OPERAT 210. ACCIDENT WAS UND OR CONTRIBUTING	HERLYING AUSE OF DEAT AL EXAMINER)	196 CONDI 216 TIME O HOUR A. P. 21e PLACE	ITION FOR WHICH OF INJURY M. MONTH DA M.	OPERATIO AY YEAR 19	n was performed	200 AUTOPSY? YES NO	206 IF YES IN CERTIF YE	S, WERE FINDIN YING CAUSES S	NGS USED OF DEATH?
	PART 2 OTHER SIGN 19a DATE OF OPERAT 21a. ACCIDENT WAS UND OR CONTRIBUTING COMMENDED (If EITHER NOTEY MEDIC 21d. INJURY OCCURR WHILE NOT WHAT WORK 27a. is certify that (1) Sow the deceose obove, (1) (we) (d)	ERLYING AUSE OF DEAT ALL EXAMINER) TED THE THE THE THE THE THE THE THE THE THE	21b. TIME O HOUR A. P. 21e. PLACE (AT HOME. STR	OF INJURY M. MONTH DA M. OF INJURY REEL FACTORY, OFFICE F e deceased from	OPERATIO AY YEAR 19 ARM EIC)	N WAS PERFORMED 21c. HOW INJURY OCCURR	200 AUTOPSY? YES NO RED (ENTER NATURE OF IN)L	206 IF YES IN CERTIFY YE URE IN THE METER IS POWN	COUNTY	NGS USED OF DEATH? NO STATE that (I) (we) I causes stated
	PART 2. OTHER SIGN 19a DATE OF OPERAT 21a. ACCIDENT WAS UND OR CONTRIBUTING COLOR (IF EITHER, NOTHY MEDIC 21d. INJURY OCCURR WHILE NOTWINAL WORK 22a. I certify that (1) sow the decease	ERLYING AUSE OF DEAT ALEXAMINER) THE CONTROL OF TH	21b. TIME O HOUR A P 21e. PLACE (TAT HOME, STE VIEW THE BODY	OF INJURY M. MONTH DA M. OF INJURY REEL FACTORY, OFFICE F deceased from 19 ofter depth.	OPERATIO AY YEAR 19 ARM EIC)	21c. HOW INJURY OCCURR 21c. HOW INJURY OCCURR 21l. LOCATION STREET 10 PAGE ATTENDING PHYSICIAN [200 AUTOPSY? YES NO RED (ENTER NATURE OF IN)L	706 IF YES IN CERTIF YE URY IN ITEM 18 P	S, WERE FINDING CAUSES S ART 1 OR PART 2) (OUNTY	NGS USED OF DEATH? NO STATE that (I) (we)

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John . . iller Inc-0415 velain 11.-21205

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IMPORTANT: If hem 21 is

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certificate has been and Mental Hygiene prior use as the burial-transit per

After this

TO FUNERAL DIRECTOR: After should be detached for use os with the Stote Dept. of Health

PHYSICIAN: The ar ottending physicion puo

physician or removol.

ottending

STATE OF MARYLAND

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1	- 1	3	6
2		Cont	6

1 - STATE REGISTRAR	DEPARTA	CERTIFICATE OF DEATH	REG.	NO.	1 2	6	2
I DECEASED NAME FIRST (TYPE OR PRINT)	WIDDLE	TAST TAST	20 DATE OF DEATH	MONTH	DAY YE	AR 2b. I	HOUR
Hermen	119	DAVENPORT		8	6 0	9	71
3. SEX	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST I	SIRTHDAY)	IF UNDER T		NUER 24 HRS
F	B	MONTH DAY YEAR	46	YRS	MON1H5	DAYS . HOL	JRS MIN.
TO BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY	_		Н	
South Cardin	DSA	WIDOWED DIVORCED	BALTIMO	RE CI	TY.		M
Cathine	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET)	G HOME OR OTHER INSTITUTION ADDRESS) UNIVERSITY	12a. USUAL OCCUPA (TYPE OF WORK FOR MOS	TION	12b. KI		SINESS OF
USUAL RESIDENCE (IF NURSING HOME O	OR OTHER INSTITUTION GIVE RESIDENCE BEFORE	ADMISSION)					

	138. COUNTY	13C CHT OK TOWN	130. INSIDE CITT LIMITS?	I 138 STREET ADDRESS / ZIP COL	元
Maryland		Baltimore	YES X NO	1628 Normal	Avenue 21213
14. FATHER'S NAME			15. MOTHER'S MAIDEN NA		
FIRST	WIDDLE	LAST	FIRST	MIDDLE	Johnson
Venry		Bines	EMMA		-197 47 an
160 WAS DECEASED EVER	IN U.S. ARMED FORCES?		17. INFORMANT	ADDRESS	
	(IF YES, GIVE WAR OR DATES)	213.78.4407			Normal Avenue
Unknown		30-47-47	Deborah Da	avenport 1628	Normal Avenue

PART I. DEATH WAS CAUSE	ly one couse per line for (o), (b), and (c).) D BY: E CAUSE (o). Description	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, which	DUE TO, OR AS A CONSEQUENCE OF (16) ANA PLASTIC Carenome	
couse (a), stating the underlying couse lost	DUE TO, OR AS A CONSEQUENCE OF	

Ī	90 DATE OF OPERATION	196. CONDITION FOR WHICH OPERA	ATION	WAS PERFORMED	200 AUTO		20b. IF YES, WERE FIN IN CERTIFYING CAUS	
l					YES 🗌	NO	YES []	NO 🗌
		216. TIME OF INJURY HOUR A.M. MONTH DAY YE	EAR	21c. HOW INJURY OCCURRE	D (ENTER N.	ATURE OF INJUR	RY IN ITEM TO PART I OR PART	2)

(IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION COUNTY CITY OF TOWN (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)

NOT WHILE 22a.l certify that (I) (this hospital) attended the deceased from sow the deceased alive on above, (1) (we) (did) (did not) and that in (my) (our) opinion death occurred on the date and hour and from the causes stated body ofter death

226. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN

22d PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS

8/11/84

23b. DATE

23c NAME OF CEMETERY OR CREMATORY Baltimore Cemetery

23d LOCATION Baltimore,

Md.

COUNTY

BP. 24 FUNERAL DIRECTOR

23e. BURIAL, CREMATION, REMOVAL

BURIAL

CERTIFICATION

MEDICAL

ADDRESS

C March F/H Inc. 1101 E North Avenue

AUG

250. DATE REC'D. BY REGISTRAR 256 BEGISTRAR'S SIGNATURE MANUELLE & 1984 June Davidson Mandale

STATE

DHMH - 16 50M 4/83 (VRA 15, 4)

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TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

er hugt be notified of once.

TO MOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 hours after death. Page 4 may be

FOR STATE REGISTRAR

	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	2 1 2 6 3
EOR91A	MIDDLE	DAVIS	20. DATE OF DEATH MONTH	2/84 830 PM
J	A RACE Black	5. DATE OF BIRTH 3-19-1932	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS MONTHS DATS HOURS MIN.
eville.	76. CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore City or Co	
OF DEATH	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET Mercy Hospit		12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK Housewife	12b, KIND OF BUSINESS OR INDUSTRY
E (IF NURSING HOME O			136. STREET ADDRESS 1010 W. Ba	altimore St. (23
AE AND AND	MIDDLE LAST	15. MOTHER'S MAIDEN NA	WE	LAST

(10%)	PE OR PRINT)		***			_ / /		- 200
	(YEORGIA	1.	DAV	15		8/2/	84	8=0
3. SE	EX	4. RACE		OF BIRTH	6. AGE (IN YEARS LAST BIR			F UNDER 24 H
F	Temale	Black	MON 3	-19-1932 YEAR	52	YRS.	DAYS	HOURS M
1	BIRTHPLACE (STATE OR FOREIGN	7b. CITIZEN OF WH	AT COUNTRY? 8		9. BALTIMORE CITY O		EATH	
1	COUNTRY) N.C.	USA	MARR	ED NEVER MARRIED	Baltimo			
-	ayetteville	- 10	PITAL NURSING HOME	OR OTHER INSTITUTION	12g. USUAL OCCUPATI		KIND OF	RUSINESS
	Balto.	Mercy	CILITY, GIVE STREET ADDRESS) Hospital		Housewi:	F WORKING LIFE) IN	DUSTRY	
13a.	JAL RESIDENCE (IF NURSING HOME OF STATE 136, COUP Md.	NTY 13c	RESIDENCE BEFORE ADMISSION CITY OR TOWN Balto.	13d. INSIDE CITY LIMITS? YES A NO	130. STREET ADDRESS	Baltim	ore ?	2/27 St. 1
14. F/	George W.	culbert.	h	15. MOTHER'S MAIDEN NA Lena	Spriggs		LAST	
160 \	WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES, GIV		. SOCIAL SECURITY NO. 250-48-36	17. INFORMANT D Lena Spr	iggs 1034		atoga	a St
	T				00-		APPROXIMA BETWEEN ON	
	18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	D BY:	2000				6 da	
	IMMEDIA	E CAUSE (o)	10/10/10				6 00	7.
	gove rise to immediate couse (a), stating the underlying couse lost.		A CONSEQUENCE OF	a. al die.			V. X	
CATION	couse (o), stoting the	(c)CONDITIONS CONT	Florentony	T. C.	AINAL DISEASE OR CON	20b. IF YES, WER	E FINDING	
TIFICATION	PART 2. OTHER SIGNIFICANT	(c)CONDITIONS CONT	Flammatony RIBUTING TO DEATH BU	IT NOT RELATED TO THE TERM			E FINDING CAUSES O	
CAL CERTIFICATION	PART 2. OTHER SIGNIFICANT	1%, CONDITIONS CONTINUE OF IN HOUR A.M.	RIBUTING TO DEATH BL	ON WAS PERFORMED 21c. HOW INJURY OCCUR	200 AUTOPSY?	20b. IF YES, WER IN CERTIFYING YES	E FINDING CAUSES O	F DEATH?
MEDICAL CERTIFICATION	PART 2. OTHER SIGNIFICANT PART 2. OTHER SIGNIFICANT 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.	196. CONDITIONS CONT 196. CONDITIO 216. TIME OF IN HOUR A.M. P.M. 216. PLACE OF	RIBUTING TO DEATH BUT NO FOR WHICH OPERATION OF THE MONTH DAY YEAR	ON WAS PERFORMED 21c. HOW INJURY OCCUR	200 AUTOPSY?	20b. IF YES, WER IN CERTIFYING YES THE THE TENT OF THE TENT OF THE TENT OF THE TENT OF THE TENT OF THE TENT OF THE TENT OF THE TENT OF THE TENT OF THE TENT OF THE TENT OF THE TENT OF THE TENT OF THE TENT OF THE TENT OF T	E FINDING CAUSES O	F DEATH?
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DHMH - 16 50M 4/82 (VRA 15, 4)

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retained by the hospital or ottending physician

24 FUNERAL DIRECTOR
NAME
Charles 1300 Eutaw Place Rice **FSPA**

AUG 6 1984

250. DATE REC'D. BY REGISTRAR 256. BEGISTRAY'S SIGNATURE
AUG 6 1984 Julia Davidson-Rondelle

Will terestated at

· colections · Patri State State of the Party

edally Parker by 2 3 77 ARTER SPEED TANKS

MARK PERSON AND STREET FOR A CONTRACTOR

OR ATTENDING PHYSICIAN: The low

TO HOSPITAL

retained by the haspital or attending physician.

TO FUNERAL DIRECTOR, After this certificate has been signed by the ottending physician and completely filled in by the should be detached for use as the burial-transit permit. Then please remove corbonopaers. Pages 1 and 2 should be filled with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, or other troumotic event, the medical

IMPORTANT: If Item 21 is morked or Item 18 shows ony

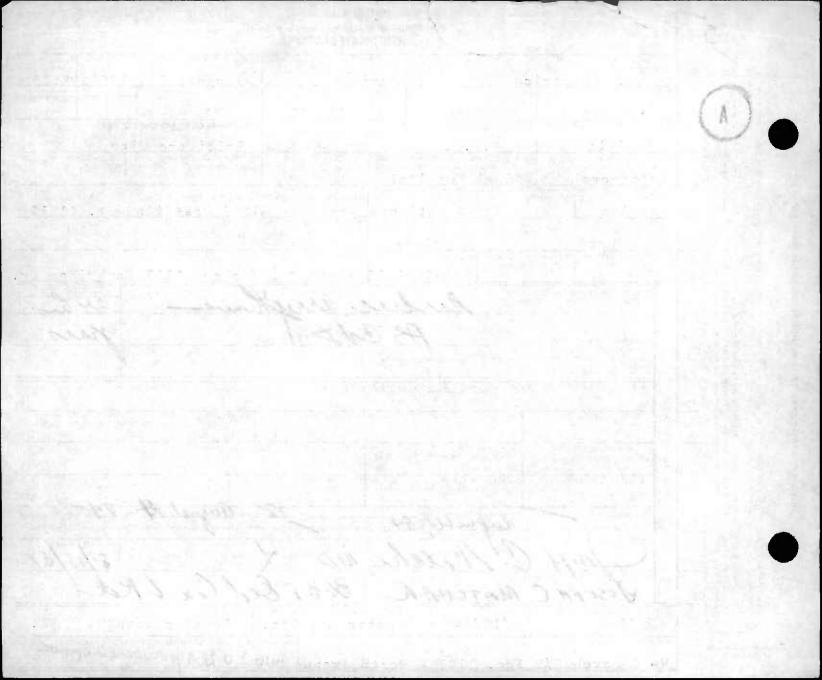
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES

2	1	2	6	
6.10				

1.	FOR STATE REGISTRAR	DEPAR		ELALTH AND MENTAL HYC	GIENE 4	0.	1 2 9) -1
	CEASED NAME FIRST	MIDDLE		LAST	2a. DATE OF DEATH	MONIH	DAY YEAR	26 HOUR a
	O. Beatr	ice	Dav	is	August	1.5	1984	2 · 35 M
3 SE		4 RACE	5. DATE	OF BIRTH	6. AGE (IN YEARS LAST BI		IF UNDER 1 YEAR	IF UNDER 24 HRS
	Female	Black	MONT 2	11 22	6.2	YRS.	MONTHS DAYS	HOURS MIN
	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	? 8	D NEVER MARRIED	9 BALTIMORE CITY		Y OF DEATH	
1	'irginia	U.S.A.	WIDOW		Baltimo	re C	itv.	MD.
	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	ING HOME		12a. USUAL OCCUPAT	ION	12b. KIND O	F BUSINESS OR
	altimore	Sinai Hospi	tal		The or trouble and the same of	,		
.USU 13a.	AL RESIDENCE (IF NURSING HOME OF STATE 13b. COL	OR OTHER INSTITUTION, GIVE RESIDENCE BEFO		1134 INSIDE CITY LIMITS?	13e. STREET ADDRESS			
M	aryland		imore			42r	nd St.	21211
14. F/	ATHER'S NAME FIRST	MIDDLE LAST		15. MOTHER'S MAIDEN NA			LAS	Contract of the last
	Edward	Grin		Agnes				
	WAS DECEASED EVER IN U.S. A	RMED FORCES? 16b. SOCIAL SEC	URITY NO.	17 INFORMANT	ADDR	ESS		
	10	225-12	-191	Vivian D.	JAckson 3	3117		
	18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	only one couse per line for (a), (b), o	and (/)	6.0	W	LUG-	BETWEEN O	MATE INTERVAL ONSET AND DEATH
		ATE CAUSE (o)	du	c arres	Minus-	_	de	ans
		DUE TO, OR AS A CONSEQ	SENSE OF	114			1/10.	
	Conditions, if ony, which	((b)	100	10			fra	is
	gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQ	UENCE OF				1	
	underlying couse lost	(c)						
7	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION G	IVEN IN PART 110	0)
CERTIFICATION								
OP	190 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATIO	N WAS PERFORMED	20a AUTOPSY?		S, WERE FINDIN	
E					YES NO		ES 🗌	NO 🗆
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D		DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18	PART I OR PART 2)	
CAL	(IF EITHER NOTIFY MEDICAL EXAMIN		19					
MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	FARM, ETC.)	211 LOCATION STREET	CITY OF TO)WN	COUNTY	STATE
-	AT WORK NOT WHILE				- 0	1 4	0.1	
		pital) attended the deceased from		. 19 78	10 augus	19	19 7	that (1) (we) lost
	sow the deceased alive a above, (I) (we) (did) (did r	on Aufust 19	07.0	nd that in (my) (our) opinion	death occurred on the d	ote and ho	ur and from the	couses stated
- 1	228. SIGNATURE	1000	- /	DEGREE	1		TE DATE	AIGNED!
	TAM	6 / hall	Ude	ATTENDING PHYSICIAN	MEDICAL STA		8/1	5/0%
1	224. PHYSICIAN'S NAME (TYPE	OR PRINT)	0	22e. ADDRESS	011	1	100	/
	JOSEPH (- MATCHA	R	26316	sed con	N	Ra	
23a	BURIAL, CREMATION, REMOVA			EMETERY OR CREMATORY	23d LOCATION		600000	-45.75
	BURIAL	8/18/84	lous	er Co, Cem			oun'ty,	V⁵A¹.
24 F	UNERAL DIRECTOR	ADDRESS		250. DA	TE REC'D. BY REGISTRAR	25b. REGIS	TRAR'S SIGNAL	URE and se
TAT .	m C March F/		Nort	h Avenue Al	JG 1 6 1984	Juna	uau door-v	

DHMH-16 30M 2/80 (VRA 15, 4)

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TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the fishould be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, ar removal.

injury, or other traumotic event, the medical

IMPORTANT: If them 21 is morked or Item 18 shows ony

FOR STATE

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

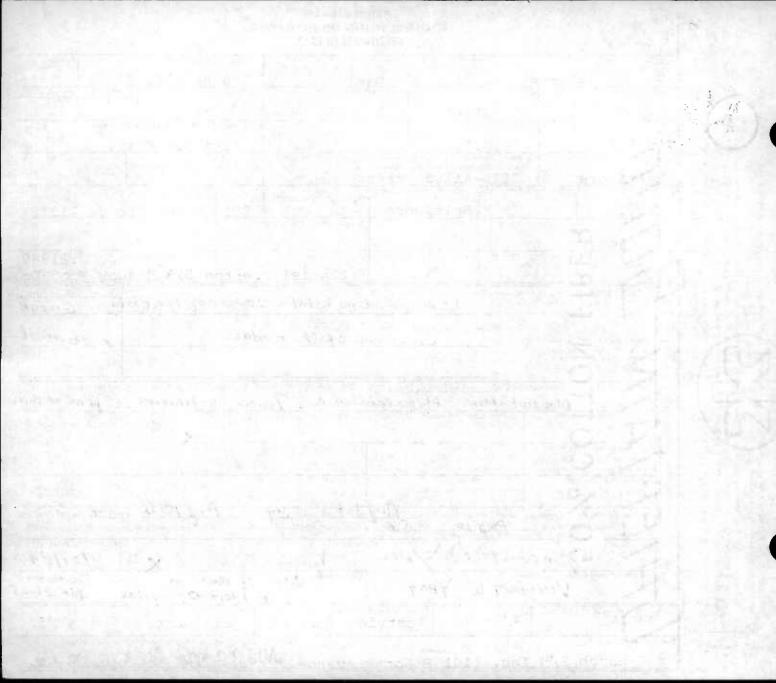
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	REGISTRAR			CLINIII	ICAIL OI	PLATIT	REG. NO.			
	CEASED NAME FIRST		MIDOLE	L	AST	F 155 May	20 DATE OF DEATH MONTH	DAY	YEAR	2b HOUR
	Osborn	ne		Da	vis		August 20	, 198	4	м
3. SE	x	4. RACE		5. DATE C		YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER	RIYEAR	IF UNDER 24 HRS
	Male	В	lack	3	15	09	75	RS.	DATS	MIN.
	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.	- XNEVED	MARRIED -	9 BALTIMORE CITY OR COL	JNTY OF DE	ATH	
0	rginia	U.S	.A.	WIDOWE		NORCED [Baltimore	City,		MD.
10 C	ITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN		OR OTHER IN	STITUTION	120 USUAL OCCUPATION	12b	KIND O	F BUSINESS OR
E	Baltimore	2210	Aiken S		et		(TANE OF MOSK FOR WORL OF MOKK	ING (IFE) IND	USIKI	
	AL RESIDENCE (IF NURSING HOME OF TATE 13b. COL		GIVE RESIDENCE BEFORE		A 124 INICIDE	CITY LIMITS?	13e STREET ADDRESS		1	
-	arvland	31411	Baltimo		YES XX	NO []	2210 Aiken	Stre	et	21218
	ATHER'S NAME		,		2432	'S MAIDEN NA	ME	DCIC		
	Scott	WIDDLE	Haves			FIRST	MIODLE	_	LAS	r
	VAS DECEASED EVER IN U.S. A		166 SOCIAL SECU	RITY NO.	17. INFORM	ANT	ADDRES	500Wa	Mo	1.21040
	YES, NO OR UNKNOWN) (IF YES, G	GIVE WAR OR DATES)	N/A		Natha	niel I	Preston 513			
	18 CAUSE OF DEATH (Enter of			1 (-))	prid Cric	inited i	TCDCOII 313			MATE INTERVAL
	PART I. DEATH WAS CAUS	SED BY:	4 27 de S	DVRAG	1 met	static	cancer of the	blatde	ETWEEN C	6 month
	IMMEDIA	ATE CAUSE (o)				die C				6 11101111
		DUE TO, O	R AS A CONSEQUE	NCE OF		the blo	odder	2011		6 month
	Conditions, if any, which	(b)	Ca	LCINOI	macorp.	The one	VO est o			6 /11.71
	couse (a), stating the	DUE TO, O	R AS A CONSEQUE	NCE OF						
	underlying couse lost.	(c)_								
	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATE	D TO THE TERM	INAL DISEASE OR CONDITION	GIVEN IN F		
ON	mac	2nutriti	on. Hyp	ercal	cemi	a. Tu	umor obstructi	on of	ber	moal Veir
CAT	190 DATE OF OPERATION	19b. COND	TION FOR WHICH	OPERATIO	N WAS PERF	ORMED	20a AUTOPSY? 20b.	F YES, WERE	FINDIN	IGS USED
THE	V 2000						YES NO NO	ERTIFYING C	.AUSES	NO [
CERTIFICATION	210. ACCIDENT WAS UNDERLYING			. UE.B	21t. HOW I	NJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITE	M 18 PART I OR	PART 2)	
A	OR CONTRIBUTING CAUSE OF D	ENTIN	M. MONTH DA	Y YEAR						
MEDICAL	21d INJURY OCCURRED	21e PLACE	OF INJURY		211. LOCAT					-
W	WHILE NOT WHILE .	(AT HOME, STE	REET, FACTORY, OFFICE, FA	ARM, ETC)	STRE	ET .	CITY OR TOWN	COL	YIMU	STATE
	220 I certify that (I) (this has	nital) attended th	a deceased learn	Muy	115+	10 84	- Aw 10	the A	14	About the form
	sow the deceased plive of	n Arus	210 10	84	nd that in (my) (our) opinion	death occurred on the date on	hour and fr	om the	rouses stated
	obove, (1) (we) (did) (did r 22b. SIGNATURE	not) view the bod	alter deoth.		DEGREE	7 (12) 7				SIGNED
	THE SIGNATURE	Det	to).	ans	DEGREE	ATTENDING	MEDICAL _ STAFF .	120		21/84
	1/2	00.01	/	0,		PHYSICIAN [DIRECTOR PHYSICIAN		81	21107
	224. PHYSICIAN'S NAME (TYPE	ORPRINT)	W. YANG	-	22e. ADDRE	SS Dopt	· of Medicine		B	altimore,
	VII	A CENT I	0. 1014			Joh	is Hopkins Hos	oital	1	me(2162.
	BURIAL, CREMATION, REMOVA	L 23b. DATE				CREMATORY	23d. LOCATION	11		
	BURIAL	8/23,	/84 Ea	stvi	ew Me	em. Pk	. Balltimore	COUNT	1	Md.
24. F	UNERAL DIRECTOR			30.00		25a. DAT	E REC'D. BY REGISTRAR 25b. RE	GISTRAR'S S	IGNAT	URE
Wm	C March F/E	H Inc	1101 E	Jost 1	h 7	A	UG 2 2 109/1 &	lin Kon	1	13. 2.00
. 411	C HULCH 1/1	A JULIU .	TIOT L	MOLCI	L AVE	ine	3 3 304	MENULLA C		MUNICIPAL .

DHMH-16 30M 2/80 (VRA 15, 4)

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician



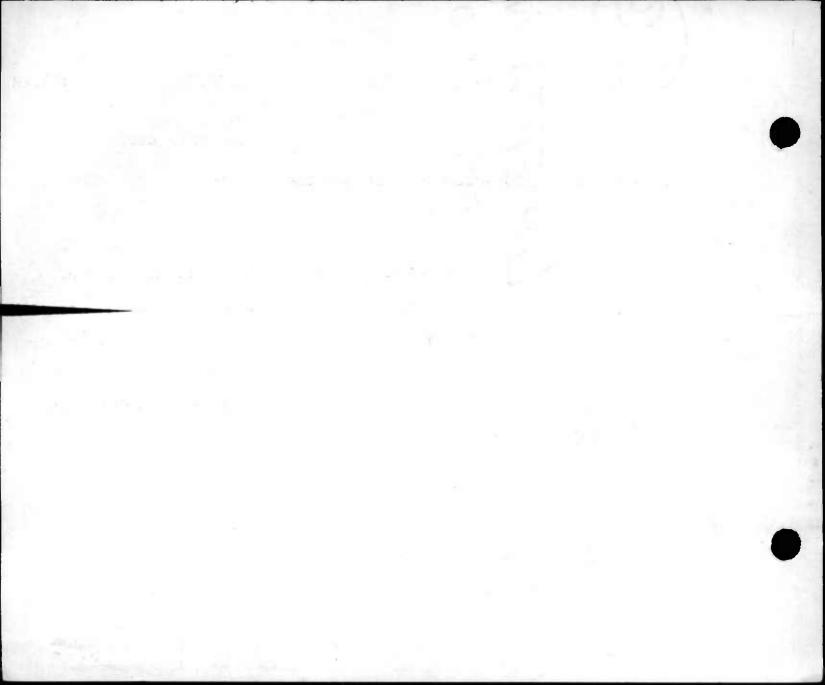
STATE OF MARYLAND

Male Black 9 27 24 59 M. Carollis Pordist oceanion same 1 Motor Seltinore X Saltipore, Maryland 21207 ii (va M. Borhate STOR Norwood Ryeave res W II 242-20-2874 Eva. F. Davin Saltimore, Maryland 21207 Hosord, Naceland Burini 9/4/1739 Monorder Monordel Mt. Nutter & Sons 1501 Guynna Yells Parkesy

Functal Name Inc. Baltamore, Maryland 21715

	1 -	FOR - STATE REGISTRAR		DEPART	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	0	2. EG. NO.	1 2 4	5 /	
		CEASED NAME FIRST	A	AIDDLE	Į.	AST	20. DATE OF DE		DAY YEAR	2b. HOUR	
	{IYPE	JENNINGS	В	. D	EAVE	8	08/28	/84		6:21	P
	1.5E		4 RACE		5. DATE C		6 AGE IN YEARS	LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HE	
Ġ	3	Male	White			7/04	79	YRS	MONTHS DATS	MODRS MI	IPA.
B		RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF	WHAT COUNTRY?	MARRIEI WIDOWE	DI DIVORCED		MORE CI			MD.
111		BALTIMORE	(IF NOT IN SUC	OSPITAL, NURSIN H FACILITY, GIVE STREET OHNS HO	ADDRESS	S HOSPITAL	12a USUALOCC ITYPE OF WORK FOR Laborer	MOST OF WORKING L		F BUSINESS (OR
5		ALLIES DENCE (# NURSING AOMEO NA COU MOR	NTY	GIVE RESIDENCE BEFOR 131. CITY OR TOW Paw Paw		13d INSIDE CITY LIMITS? YES NO 🛣	RFD #1	RESS / ZIP COD	E 25434 G	7999	79
3	3 FA	ATHER'S NAME Howell	MIDDLE	Deaver		15. MOTHER'S MAIDEN NAME Ida		DDLE	Snyder	ī	
9		WAS DECEASED EVER IN U.S. A	RMED FORCES?	166. SOCIAL SECU		17 INFORMANT		ADDRESS			
2	,	yes, no orunknown) I if yes, g	AE MAK OK DATES)	236-12-	7354	Mildred Deav	ver, RFD	#1 , Paw	Paw, WV	25434	+
2	CERTIFICATION	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT COMA, RENAL F. 190. DATE OF OPERATION 8/9/844,8/16 210. ACCIDENT WAS UNDERLYING	CONDITIONS CO A VRP 196 CONDI	R AS A CONSEQUENCE OF THE CONSEQ	ENCE OF ENCE OF ENFEC DEATH BUT	TION OF FR	VA DIA	BETES MEI 20b. IF YE IN CERTI	CLITUS DE S, WERE FINDIN FYING CAUSES	EMENTI IGS USED	<u>S</u> A
	MEDICAL	OR CONTRIBUTING CAUSE OF DE I JE EITHER, NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED WHILE NOT WHILE AT WORK	P.J. 21e PLACE ((AT HOME STR	M. OF INJURY EET FACTORY OFFICE.	19	211 LOCATION STREET		TY OR TOWN	COUNTY	STATE	
		220.1 certify that (1) (this hasp saw the deceased alive o- above, (1) (we) (did) (did n 22b. SIGNATURE	8-2	8 19	11	id that in (my) (our) opinion		the date and hou			
/		220. PHYSICIAN'S NAME (TYPE	noth 1	Holroy	idey	ATTENDING PHYSICIAN [MEDICAL DIRECTOR DI	STAFF PHYSICIAN P PKINS H. BA	8- HOSF	28.8 "ITAL E MI	24
		BURIAL, CREMATION, REMOVA (SPECIFY) Burial	23h DATE 8/31/8	4 S	alem C	emetery or crematory emetery	23d LOCATIO CITY OR TO \$lanesv	ille Ham	county ipshire	WV	
		uneral director HelsTey-Johnson	Funeral	Berkele Home 30	ey Spr 6 Unio	ings, WV 80-DAT	REC'D. BY REGI	STRARIOS REGIS	RARS SICANT	della	9

DHMH - 16 50M 4/83 (VRA 15, 4)



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be

retained by the haspital ar attending physician.

FOR STATE

2 hours after deat

executed within 24 hours ofter death. Page

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director. pag should be detached for use as the buriol-transit permit. Then please remove carbanpopers. Pages 1 and 2 should be filed with a filed with a state Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

MPORTANT: If hem 21 is marked or Item 18 shows any injury, ar other traumatic event, themedical mass be softly another.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

5

1.00

-1		REGISTRAK						REG. NO.			
1	I. DEC	CEASED NAME AKA FIRST	LENA "	AIDDLE	L	AST DELAH	ANTY	20. DATE OF DEATH MO			2h HOUR
	,,,,,	MAGDA	LENA.	M.	DELA	HANTY		8	8 8	84	6:00PM
	3. SEX		4 RACE		5. DATE O		YEAR	6 AGE (IN YEARS LAST BIRTHDA		ONLIES DAYS	IF UNDER 24 HRS
1	,	FEMALE	WHI	TE	01	16	19	65	YRS.	Oleths, DATS	HOURS MIN.
1		RTHPLACE (STATE OF FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8.	NEVER /	MARRIER [9 BALTIMORE CITY OR C	OUNTY	OF DEATH	
4		IARYLAND	U.S		WIDOWE	D DI	VORCED [BALTIMORE	CITY		MD.
1	10 CI1	TY OR TOWN OF DEATH		OSPITAL, NURSIN		R OTHER INS	TITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO			F BUSINESS OR
1	-4	BALTIMORE	S	T. AGNES	HOSP	ITAL		ACCOUNTING C	LERK	PAPER	
7	USUA 13a. S	L RESIDENCE (IF NURSING HOME OF		GIVE RESIDENCE BEFORE		13d. INSIDE C	ITY LIMITS?	13e.STREET ADDRESS / ZI	P CODE	2	1061
7	MA	RYLAND A.	Α.	GLEN BUR	NIE	YES 🗌	NO X	835 LONG COV	/E RO	AD, NO	RTH
)	JAJEA	THER'S NAME FIRST	MIDDLE	IAST		15 MOTHER	S MAIDEN NAM	MIDDLE MIDDLE		ŁAS	T
4			ENRY	ESS	7. ==	SOI	PHIA		5.33	LEFO	
1		AS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMA	TMA	ADDRESS	SYK	ESVILL	E, MD.
1		NO	t title on balle of	212-01-	7715	RAYMO	OND F. I	DELAHANTY, JR.	124	6 BUCK	HORN RD.
		18 CAUSE OF DEATH (Enter or	nly one couse per	line for (a), (b), ope	d (ç1.)					BETWEEN	MATE INTERVAL ONSET AND DEATH
		PART I. DEATH WAS CAUSE IMMEDIA	TE CAUSE (a)	Sept	cen	ua					
			DUE TO, OR	R AS CONSEQUE	NCE OF		1				
1		Conditions, if any, which	((b)	Clarite		ronck	aprice	monia			
1		gave rise to immediate cause (a), stating the	DUE TO, OR	AS A NSEQUE	NCEOF	-	On-	utetic one	1,0	del co	a
1		underlying couse lost.	(c)	Pancy	dap	enia.	- Truca	will pme	u	lux	9
	7	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	NTRIBUTING TO	DEATH BUT	NOT RELATED	TO THE TERM	IN AL DISEASE OR CONDITI	ION ONE	N IN PART 11	3
	10								AL 15 1/55		
	CERTIFICATION	190 DATE OF OPERATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFC	DRMED	11	CERTIFY	WERE FINDING CAUSES	OF DEATH?
4	RTII	at ACCIDENT WAS UNDERLYING	71b. TIME O	E INTILIDY		121. HOW/IN	LILIBY OCCUPE	YES NO			NO 🗆
9		218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	LICHE A	M. MONTH DA	AY YEAR	ALC HOW IN	1JURY OCCURR	RED (ENTER NATURE OF INJURY IN	LITEM IS PA	RTTORPART2}	
	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE			19	B41 4 0 C 4 T 4	011			10.00	
	MED	21d. INJURY OCCURRED	21e PLACE (OF INJURY EET, FACTORY, OFFICE, F	ARM, ETC)	211 LOCATION	I	CITY OR TOWN		COUNTY	STATE
١		AT WORK AT WORK			5	/-	OV	2/0		011	
4		22a I certify that (I) (his hosp	- 40		14 on	al about the (must	19 97	death accurred on the date	, 1	7	that (1) we Nost
	12	sow the decease olive on above (I) we (Idid) (did no	ot) view the body	ofter death.			Coort aprillon o	seom occurred on the dote	ond nour		
1		276. SIGNATURE Clean	29	1. a for		DE GREE	ATTENDING	MEDICAL STAFF		2h. Date	9/01
4		A TAIL OF BUILDING PROPERTY.			~	77e ADDRES	PHYSICIAN [DIRECTOR PHYSICIAN	1 P	/	184
	N.	274 PHYSICIAN'S NAME (TYPE	/			The ADDRES	+ No	me & Hospi	10		
4		- /	ICKEN				0		Coca		
		SURIAL, CREMATION, REMOVAL				EMETERY OR		23d. LOCATION		COUNTY	STATE
	0.4.5	BURIAL	08-13	3-84		ON PARI		BALTIMORE			RYLAND
		INERAL DIRECTOR		ADDRESS		1229	A LLO	REC'D. BY REGISTRARYS	المالية المالية	AKS SIGNAT	UKE
5	HU	JBBARD FUNERAL	HOME, IN	NC. 4107	WILKE	NS AVE	· AUG	1 U BUT			2

DHMH - 16 50M 4/83 (VRA 15, 4)

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lear f. He no se swn, 21061					er(AJY/IR)
			341		
and the second			114	27/7	
DESCRIPTION TO DESCRIPTION OF	HEART OF A				12-65 m - 17-ba

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO 26 HOUR 2a DATE OF DEATH MONTH DELUCIA 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER TYEAR IF UNDER 24 HRS MONTH 9 1911 72 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Baltimore City DIVORCED XX WIDOWED

White 76 CITIZEN OF WHAT COUNTRY?

U. S. A. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

Union Memorial Hospital

(TYPE OF WORK FOR MOST OF WORKING LIFE) Foreman

13e.STREET ADDRESS / ZIP CODE 605 East 182nd Street

12b KIND OF BUSINESS OR INDUSTRY Steel 10457

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE REFORE ADMISSION)
130. STATE
131. CITY OR TOWN Bronx

4. RACE

Bronz MIDDLE

ANTHONY

DeLucia 166 SOCIAL SECURITY NO. 15 MOTHER'S MAIDEN NAME Carolina

17 INFORMANT

113d. INSIDE CITY LIMITS? NO 🗆

MIDDLE

Stinger

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

4 20 min

160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES NO OR UNKNOWN)

FOR

- STATE

(TYPE OR PRINT)

3 SEX

REGISTRAR

Male

New York

New York

John

14 FATHER'S NAME

TO BIRTHPLACE (STATE OF FOREIGN

CITY OR TOWN OF DEATH

Baltimore

DECEASED NAME

116-03-5611 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c PART I. DEATH WAS CAUSED BY:

Mary Vellecca

ADDRESS 605 East 182nd St. Bronx, New York

Cardiac IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF

known

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

190 DATE OF OPERATION

Conditions, if any, which gave rise to immediate couse (a), stating

underlying cause last.

21b. TIME OF INJURY HOUR A.M. MONTH DAY

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED winder spine 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)

220.1 certify that Schis haspital attended the deceased from.

211 LOCATION

and that in my

St. Raymond Cemetery

8/11

(our) apinian death accurred an the date and hour and from the causes stated

21d INJURY OCCURRED WHILE NOT WHILE

21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE FARM ETC.)

New York

22b. SIGNATURE

CERTIFICATION

IMPORTANT

DHMH - 16 50M 4/83

(VRA 15, 4)

saw the deceased alive an abave (I) we staid (did not) view the bady after death

DEGREE

7110

ATTENDING 22e. ADDRESS

PHYSICIAN DIRECTOR PHYSICIAN

Bronx

22c. DATE SIGNED

23a BURIAL, CREMATION, REMOVAL

Union Memorial Hospital 23¢ NAME OF CEMETERY OR CREMATORY

8-14-84

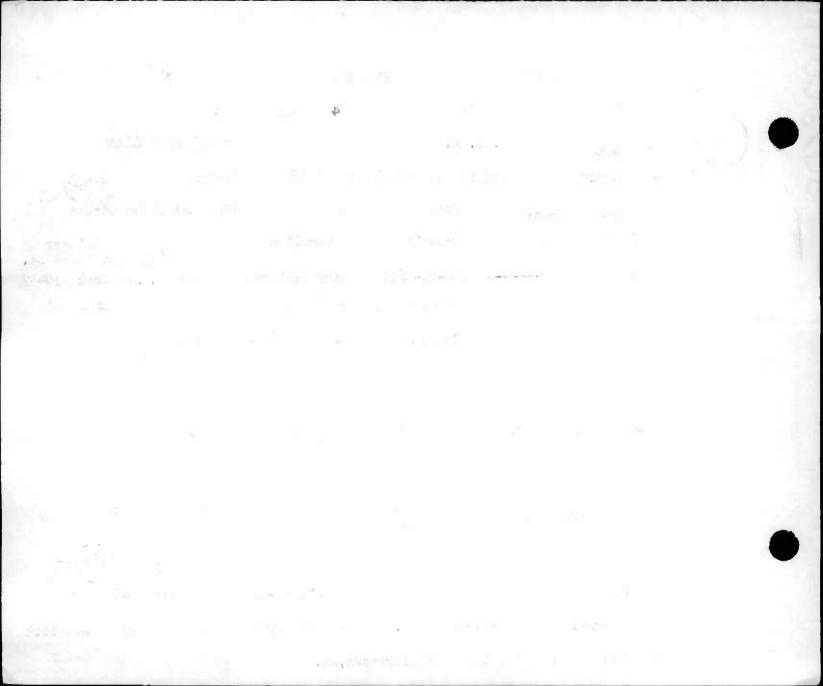
25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Sulia Davidson

Bronx

24. FUNERAL DIRECTOR

Reisterstown, Md.

Marzullo Funeral Service



STATE	OF	MARYLAND
SIMIL	٠.	Mildie Chica

	FOR STATE REGISTRAR	DEPARTI		EALTH AND MENTAL HYG	REG. NO.	4	7 0
ė	1. DECEASED NAME FIRST (TYPE OR PRINT)	MIDDLE	l	AST	20 DATE OF DEATH MONTH	DAY YEAR	2b. HOUR P
ì	JOY	Cronland	DEN	INIS	AUGUST 14.1	984	12:20 M
1	3. SEX	RACE	5. DATE C		6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	
	/ Female	White	May		27 YRS		
1	76. BIRTHPLACE (STATE OR FOREIGN)	b CITIZEN OF WHAT COUNTRY?	8. MARRIE	D MEVER MARRIED	9 BALTIMORE CITY OR COUN	TY OF DEATH	
1	FLA	USA	WIDOWE	D DIVORCED	BALTIMORE C		MD.
-	BALTIMORE	1. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET THE JOHNS H	ADDRESS)		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING) Teacher	LIFE) INDUSTRY	of Business or ducation
	USUAL RESIDENCE (IF NURSING HOME OR C 130. STATE 130 COUNT	other institution give residence befor IY 13c. CITY OR TOW Spartansbul	'N	13d INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS / ZIP CO	DE	29302 r.0,444
1		Alan Cronlan	nd	15 MOTHER'S MAIDEN NAM Jordena	ME	Rhode	AST S
1	160 WAS DECEASED EVER IN U.S. ARA		IRITY NO.	17 INFORMANT	ADDRESS		
5	(YES, NO OR UNKNOWN) (IF YES, GIVE	243 11 (3426	Warlick Fu	uneral Home,	NC	
	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last PART 2. OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSEQU	ENCE OF NAZOO ENCE OF	v aplasia f chami nye	Juznas leilen	ua 24e	
Self-Treatment of the last	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH	OPERATIO		IN CER	YES, WERE FIND TIFYING CAUSE YES	S OF DEATH?
	OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMINER AT WORK AT WORK	H HOUR A.M. MONTH D P.M. 21e. PLACE OF INJURY (AT HOME: STREET, FACTORY: OFFICE, 1)	19	211 LOCATION STREET	CITY OF TOWN	COUNTY	STATE
	22a I certify that (1) (this haspite saw the decease a live on above (1) I we) (did (did not 22b. SIGNATURE Max.	National Property of the body after death.		DEGREE 1. D. ATTENDING PHYSICIAN	death occurred an the date and h	22c DAT	E SIGNED 14/84
7	22d PHYSICIAN'S NAME (149E OR	Litt			IRST. Johns	Hopkin	is Ho
	Removal			emetery or crematory na Crematory	1 Concord,	COUNTY	C STATE

DHMH - 16 50M 4/83

(VRA 15, 4)

IMPORTANT: If them 21 is marked ar them

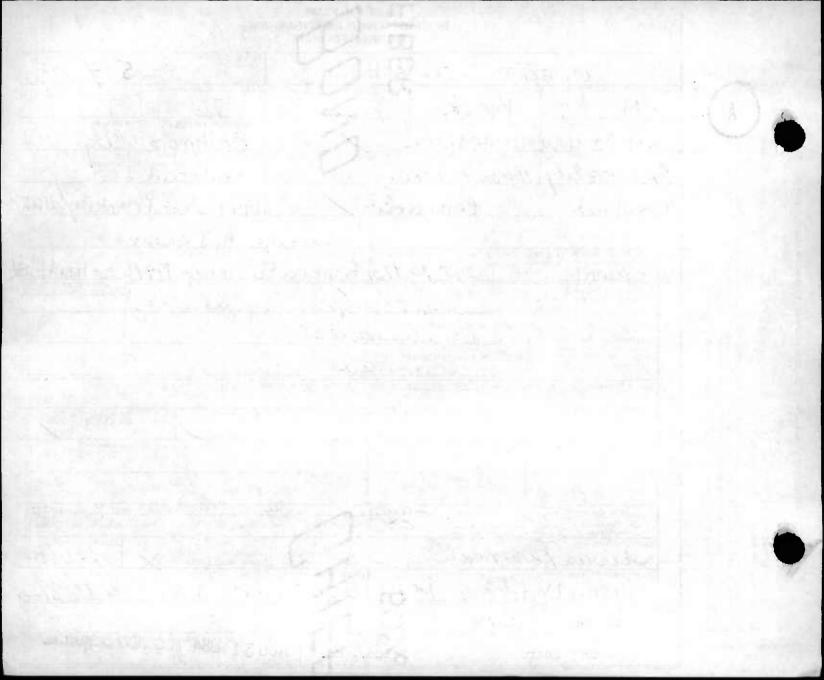
A FUNERAL DIRECTOR Henry W. Jenkinson & Sons Co. 4905 York Road Balto., MD 21212

AUG 20 1984 Julia Davidson Martine

grand involve mittal in 1911 to pay a material of the Augusta Ave Devous Lacture Process St. Action St. Actio

-	(A)	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hour after death. Face 4 in retained by the haspital or attending physician.	TO FUNERAL DIRECTOR; After this certificate has been signed by the attending physician and campletely filled in Entity function should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled into the minimum with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. [MPORTANT: If Hem 2] is marked or Item 18 shows any injury, or other traumatic event, the medical exphinent must be mustical at an or contraction.	

	1 -	FOR STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO.	
		EASED NAME FIRST OR PRINT) WIIB		O M
)	SEX	Μ.	Black 1 30 08 16 YRS.	A HRS.
7/	8	THPLACE (STATE ORFOREIGN WHO CONOLINA	76 CITIZEN OF WHAT COUNTRY? & MARRIED NEVER MARRIED 9 BALTIMORE CITY OR COUNTY OF DEATH	MD.
10	B	althmore City	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION HENOT IN SUCH FACILITY, GIVE STREET ADDRESS) 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) RELIGIOUS HINDUSTRIES RELIGIOUS HOME OF HOSPITAL NURSING LIFE)	SOR
351		PRULADO	13 CITY OR TOWN 1384. INSIDERCITY LIMITS? 138 STREET ADDRESS / ZIP CODE	22
500			MIDDLE LAST IS MOTHER'S MAIDEN NAME FIRST LICE A. DENNIS	
0 1	{ YI	AS DECEASED EVER IN U.S. AR. S,NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 248 10 973/ Ramona Faulkver 1944 West Frank Approximate interval private of total (b), and icit. 1	los
ury, ar other traumatic ev	7	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUENCE OF (b) DESCRIPTION DUE TO, OR AS A CONSEQUENCE OF (c) CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110	
2	CERTIFICATION	90 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 201 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO	
- /		2 To. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	P.M. 19	
orked or	MEDICAL	WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 211 LOCATION STREET CITY ORTOWN COUNTY STA	ATE
ANI: If Rem 21 is mo		sow the deceosed olive on obove (1)(we) (did)(did no 22b. SIGNATURE	itals attended the deceased from	
MPORTANT.	In B	SUSAN DE	1236 DATE 1236 NAME OF CEMETERY OR CREMATORY 1236 LOCATION	ودا
		Removal	8/29/84 38. NAME OF CEMETERY OR CREMATORY CITY OR TOWN COUNTY STA	ATE
/83	4. FU	NERAL DIRECTOR NAME Anatomy Boa	ard ADRESS Balto., Md. 250. DATE REC'D BY REGISTRAR'S SIGN MEEL ALL ALL STATE AND STATE OF THE PARTY SIGN MEEL ALL STATE OF THE PARTY SIGN MEEL ALL STATE OF THE PARTY SIGN MEEL ALL STATE OF THE PARTY SIGN MEEL ALL STATE OF THE PARTY SIGN MEEL ALL STATE OF THE PARTY SIGN MEEL ALL STATE OF THE PARTY SIGN MEEL ALL STATE OF THE PARTY SIGN MEET ALL STATE OF THE PART	



completely filled in by the funeral directly and 2 should be filed within 72 hours

	1-	FOR STATE REGISTRAR		DEPARTA	AENT OF H	E OF MARYLAND BALTH AND MENTAL HYG ICATE OF DEATH	REG. NO	2 1)	7 2
	1. DEC	CEASED NAME FIRST OR PRINT) FELICE	MIE	Felice		asquale QUALE	24 DATE OF DEATH	8 1	YEAR 7 849	26 HOUR 8-20 PM
	3. SE		4. RACE	πĒ	5 DATE C		6 AGE (IN YEARS LAST BIRT		UNDER I YEAR	IF UNDER 24 HRS HOURS MIN
of once		RTHPLACE (STATE OR FOREIGN TALLY	76 CITIZEN OF W		8 MARRIE WIDOWE	NEVER MARRIED	Baltimore City of	R COUNTY O		MD.
obilitied o	10. CI	SALTIMORE		OSPITAL, NURSIN	IG HOME C	OR OTHER INSTITUTION HOSPITAL	12a USUAL OCCUPATE (TYPE OF WORK FOR MOST OF Barber- Mu	F WORKING LIFE)	INDUSTRY	Employed
must be		AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN		3c. CITY OR TOW		13d. INSIDE CITY LIMITS? YES NO	13e.STREET ADDRESS	ZIP CODE	IAR F	21214
Cominer	14. FA	THER'S NAME	MIDDLE D	ePasqua]		IS. MOTHER'S MAIDEN NA. Michelina		Unk	nown	1
		VAS DECEASED EVER IN U.S. AR		66 SOCIAL SECU 220-03-2		Wilhelmina G.	ADDRE DePasquale		Old He	arford Rd
ic event, the		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIAT	D BY: E CAUSE (0)	Myou	CARD	HAC INF	ARCTION		APPROX BETWEEN	MATE INTERVAL ONSET AND DEATH
injury, ar ather troumotic event, the medical		Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse last	(b)	AS A CONSEQUE	RON	ARY ARTE	RY DISE	ASE		
injury, ar	NO	PART 2 OTHER SIGNIFICANT OF		NTRIBUTING TO E	DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR COND)ITION GIVEN	IN PART 10	o.
ows any	CERTIFICATION	190 DATE OF OPERATION		ION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY? YES NO	20b. IF YES, V IN CERTIFYII YES	NG CAUSES	NGS USED OF DEATH? NO
em 18 sh		218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		. MONTH DA	AY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART	1 OR PART 2)	
MPORTANT: If Item 21 is marked or Item 18 shows any	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF	F INJURY ET, FACTORY, OFFICE, F	ARM, ETC.)	21f LOCATION STREET	LO AM CITY OR TO	vn	COUNTY	8 30 BM
21 is ma		22a.1 certify that (I) (this hospi saw the deceased alive on above, (I) (we) (did) (did no		19	, 01	nd that in (my) (our) opinion	death occurred on the do	ite and hour a	,	that (I) (we) last causes stated
II. If Item		225 9 GNATURE	Lale	hani		DEGREE ATTENDING PHYSICIAN	MEDICAL STAF		22t. DATE	SIGNED
PORTAN		TASNEEM	RPRINT)	CHANI		270 ADDRESS 40	CH RAUE	N B	LV), k	BALTO MI
⊻		BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	23b. DATE Aug. 21			emetery or crematory od Cemetery	Baltimor	e	Mary	land All

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and conshauld be detached for use as the buriol-transit permit. Then please remove carbon popers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

Burial Aug. 21, 1984 Park
The Funeral Director
Leonard J. Ruck, Inc. Baltimo Per, Md.

SO ANGEREZO ON SEGRAPARARIZER REGISTERARIZ SIGN AUFFLOR

TOWNSHIP OF THE PARTY OF THE PA

XX. After this certaincie has been signed by the offending physician and completely filled in By the property of use as the buriol-transis permit. Then please remove compagers. Pages 1 and 2 should be that with a honey that have a compager or removal.	DIRECTOR After this certificate has been signed by the attending obvision and campletely filled in a strength of the strength	by the haspital or offending physician.
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requires that the death certificate be executed within 24 haurs ofter death. Page 4 may be

STATE OF MARYLAND

	DIMIL OF M		
EPARTMENT	OF HEALTH	AND MENTAL	HYGIENE
		OF DEATH	-

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1 -	FOR STATE	DEPAR	RTMENT OF HEALTH CERTIFICATE		ENES 4	2 1 2	/ 3
	REGISTRAR				REG. NO		
	OR PRINTI	MIDDLE	LAST		20. DATE OF DEATH	MONTH DAY YEAR	2b HOUR
	PAI	A 5.	1158511	1	HUGUST	17 1984	J: 15 M.
3. SE2	(4 RACE	5. DATE OF BIRTH		6. AGE (IN YEARS LAST BIRT		
F	2/00	11111 70	MONTH	4 1895	DO		AYS HOURS MIN.
-	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTR	11111	4 1812	9 BALTIMORE CITY O	P.COUNTY OF DEATH	
	OUNTRY)	LA COONIN	MARRIED N	EVER MARRIED	S BALTIMORE CITT O	E COOKTT OF DEATH	1
_	ARYLAND	N.2.H.	WIDOWED	DIVORCED [RUTI WO	RS CITY	MD.
10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STR		RINSTITUTION	12a USUAL OCCUPATE (TYPE OF WORK FOR MOST O		ID OF BUSINESS OR
Be	LT: MORE	MJOJ SCHI	154 AVS			12	N. I
USU	AL RESIDENCE HE NURSING HOME O	R OTHER INSTITUTION GIVE RESIDENCE BEF		1			
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	ARYLAND THER'S NAME	DAY!	JORS YES	THER'S MAIDEN NAM	4703 70	HISY MY	7. 41406
7	FIRST	MIDDLE	13. MC	FIRST	MIDDLE	11	LAST
	WANISH H	SORY TURN	2R	HEARIST	TA	HUR	154
	VAS DECEASED EVER IN U.S. AI	RMED FORCES? 16b. SOCIAL SE	CURITY NO. 17 INF	ORMANT	ADDRE	SS	
ď) O OK UNKNOWN) (IF 175, G)	11505	1747	Prima	RECORDS		
	- V	inly one cause per line for (a), (b),	andisi	111.110		APP	PROXIMATE INTERVAL
	PART I. DEATH WAS CAUS	ED BY:	did ic	1 11 -	CHRYS		TEN ONSET AND DEATH
	IMMEDIA	ATE CAUSE (0)	enon	-/()	2 44 47 6	9	V1-0-3
		DUE TO, OR AS A CONSEC	DUENCE OF				
	Conditions, if any, which	(b)					
	gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEC	DUENCE OF				
	underlying couse lost.	(6)	300				
	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING T	O DEATH BUT NOT RE	LATED TO THE TERMI	NALDISEASE OR CON	DITION GIVEN IN PAR	I lto
Z	1211	,	7 1	eBr	THE DISCASE ON COIN)	1 110
CERTIFICATION	190 DALLOF OPERATION	THE CONDITION FOR WHI	SHERATION VAS	REBEIDBARD	78e AUTOPSYP	1th IF YES, WERE FIN	ADAMOS LISED
5	THE SEALON SPERMINON	1	1	CHI CHIMEN		IN CERTIFYING CAU	ISES OF DEATH?
E			J		TETE NOU	YES []	NO []
	71a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING ☐ CAUSE OF DE	110.00 1 11 110.00	DAY YEAR 216 H	OW INJURY OCCURRI	ED (FINTER NATURE OF INJUR	Y IN ITEM 18 PART 1 OR PART	2)
AL	(IF EITHER NOTIFY MEDICAL EXAMINE	CAIN	19				
MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY		CATION	CHIYORIO	wn COUNTY	STATE
₹	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY OFFICE	(E FARM ETC)	STREET)	-	, sint
		2 2 4 14 1 2 17	1.1-	7	7. 8/17	-	1
	sow the deceased of	oital) attended the decitased from	1 6	. 19	eath occurred on the do		L, that (I) (we) lost
	obove, (I) (we)	the body after death.			earn occurrep on the ac		
/	77h. DIGNATURE	7	DEGREE				AYE SIGNED
ľ	Melen	Jeans	V720	ATTENDING PHYSICIAN	MEDICAL STAF		120/84
-	224. PHYSICIAN'S NAME (TYPE	5843	77e A	DDRESS	-		17
	no 11:11.	J F. Renner	12	777 57	- Paul a	_	
_	INE MITTIBL		13	add 01	· LHOT 2	1.	
0	BURIAL, CREMATION, REMOVA		NAME OF CEMETER	A 0 :	23d LOCATION	COUNTY	CO STATE
B	URIAL	8-30-1384 1	1 ORELAND	1 12m. PK.	TARKY L	LE BALTO-	1 JARYLANO
24 FI	INFRAL DIRECTOR		A .	25a DATE	REC'D BY REGISTRAR	256 REGISTRAP'S SIGI	NATURE 1.00

DHMH - 16 50M 4/83

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TO HOSPITAL OR ATTENDING PHYSICIAN. The low retained by the hospital or attending physician.

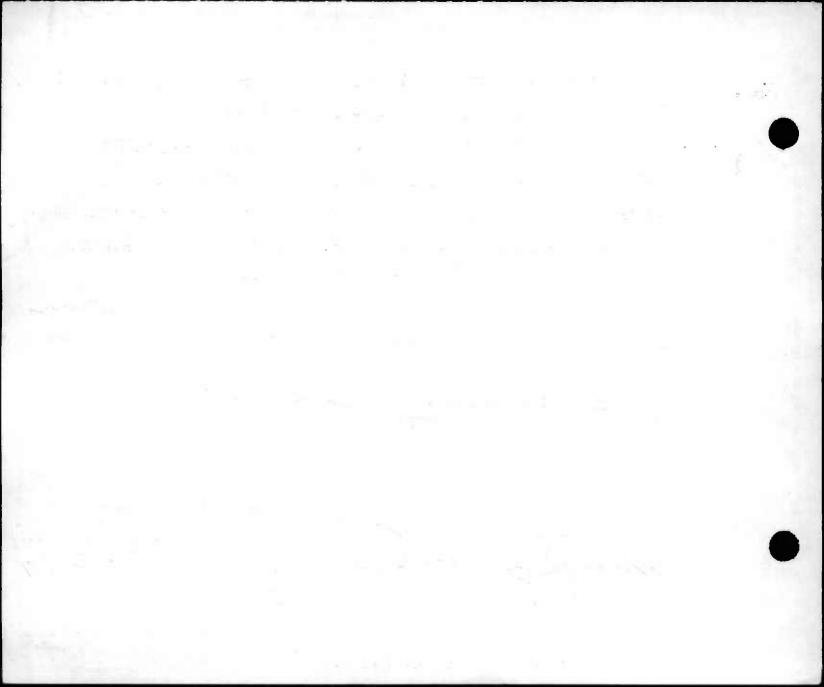
(VRA 15, 4)

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IMPORTANT: If them 21 is marked at them 18 shaws any injury, at other traumatic event, the medical exemples

MEMORIES HARFORD

AUG 2 3 1984 Junior Stranger Mandal



executed within 24 haurs after

requires that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The low

ottending physician.

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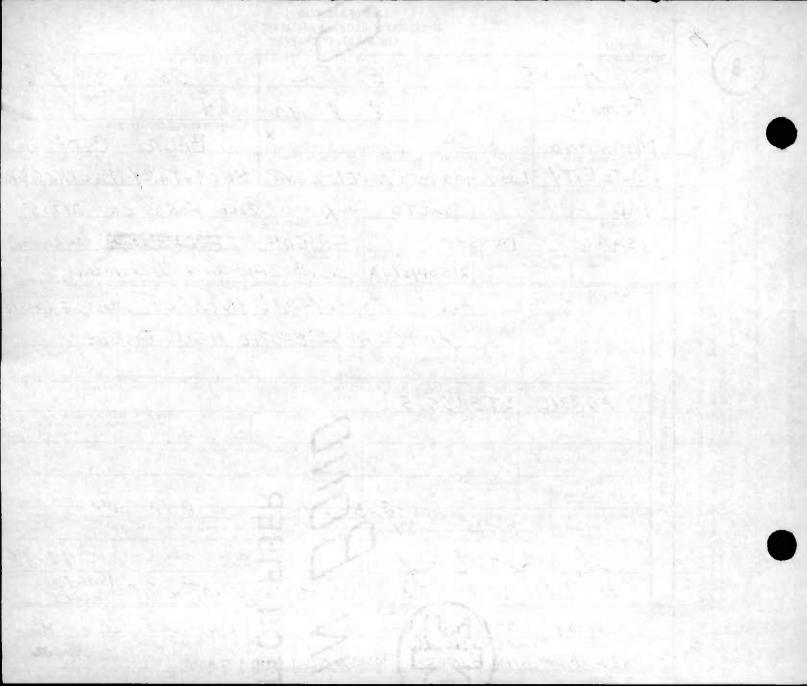
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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60 1	E cod	

		REGISTRAR			CERTIFIC	ATE OF DEATH	REG. N	0.	
		CEASED NAME OR PRINT)	NNE	MIDDLE	DES	SER	2a. DATE OF DEATH	8-15-	84 93
	3. SE	Female	4. RACI	UHITE	5. DATE OF I	BIRTH 14 PT	6 AGE (IN YEARS LAST BIR		TYEAR WUNDER 24 H
- Sene	Ja Bi	RTHPLACE ISTATE OR I	FOREIGN 76 CITI	ZEN OF WHAT COUNTRY?	MARRIED (NEVER MARRIED X	9 BALTIMORE CITY S	LTO (TITY
notified o	[3ALTO CI	TY L'E	ME OF HOSPITAL, NURSING NOT IN SUCH FACILITY, GIVE STREET A VINDALE	CONVI	OTHER INSTITUTION	SECRET	OF WORKING LIFE) INDI	IND OF BUSINESS JSTRY EOKKEE
Ser be	13a. S	TATE	ING HOME OR OTHER IN	STITUTION GIVE RESIDENCE BEFORE IN 13c. CITY OR TOWN	0 13	d. INSIDE CITY LIMITS?	3806 FO	ZIP CODE PDS LA	2/2/5
Seminary Co.		ISAAC	MIDDLE	esser		FRIEDA	AE MIDDIE		UNKNO
e medical		VAS DECEASED EVER	(IF YES, GIVE WAR OF			DR.B.ZA	TW-WIN	% Levin	APPROXIMATE INTERVAL TWEEN ONSET AND PE
ony injury, or other	CERTIFICATION	gave rise to improve the couse (a), static underlying cause PART 2 OTHER SIGN A-O (A)	ng the DI	(c) CONTRIBUTING TO D		OT RELATED TO THE TERM	NAL DISEASE OR CON	DITION GIVEN IN P.	ART Iro
v (0)		190 DATE OF OPERA	TION 19	CONDITION FOR WHICH	OPERATION '	WAS PERFORMED	20s AUTOPSY?	20b. IF YES, WERE	
8 show	CERTIFIC	210. ACCIDENT WAS UNI	DERLYING 21	. TIME OF INJURY	13	WAS PERFORMED	YES NO	IN CERTIFYING C.	AUSES OF DEATH?
ced ar Hem 18 show	MEDICAL CERTIFIC	210. ACCIDENT WAS UNION CONTRIBUTING [] (IF EITHER, NOTIFY MEDI 21d. INJURY OCCUR WHILE [] NOT WI	DERLYING 211 CAUSE OF DEATH ICAL EXAMINER) RED 21 (A		Y YEAR		YES NO	IN CERTIFYING C. YES DIRY IN ITEM 18 PART I OR P	AUSES OF DEATH? NO ART 2)
em 21 is morked or Item 18 show		218. ACCIDENT WAS UNION CONTRIBUTING (IF EITHER, NOTEY MEDITING LIND ALL WORK ALL WO	DERLYING 211 CAUSE OF DEATH CAL EXAMINER) RED 216 RHIE (A) (this hospital) attended to the control of the contr	TIME OF INJURY OUR A.M. MONTH DA P.M. PLACE OF INJURY	Y YEAR 19 2 RM ETC) 4, ond	TIE HOW INJURY OCCURI	YES NO NO NO NO NO NO NO NO NO NO NO NO NO	IN CERTIFYING C. YES D WATER TO THE MERCEN TO THE MERCEN THE MERC	AUSES OF DEATH? NO ART 2) NIV STAT
ORTANT: # Hem 21 is morked or Hem 18 show		218. ACCIDENT WAS UNION CONTRIBUTING (IF EITHER, NOTIFY MEDI 21d. INJURY OCCUR WHILE NOTIW AT WORK AT WO 228.1 certify that (I) sow the decase above, (I) (we) (DERLYING 211 CAUSE OF DEATH CAL EXAMINER) RED 216 (Ithis hospital) att ed alive an did) (did not) view	DITIME OF INJURY OUR A.M. MONTH DA P.M. PLACE OF INJURY HOME STREET, FACTORY, OFFICE, FA	Y YEAR 19 2 PRINTE	II. LOCATION SIREET that in (my) (our) apinion	YES NO CITY OF TO	IN CERTIFYING C. YES D OWN COU The part I or P OWN COU The part I or P OWN COU The part I or P	AUSES OF DEATH? NO ART 2) NIV STAI that (we) am the causes state.
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DHMH - 16 50M 4/83 (VRA 15, 4)



STATE OF MARYLAND

27	1	2	1	(10)

1.	STATE REGISTRAR	DEFARIT	CERTIFI	CATE OF DEATH	REG. NO	6. F		
	CEASED NAME FIRST ROBE	ert F. De	ewe	st	20. DATE OF DEATH	8 /C	STY	7:15 M
3 SE	Male	\mathcal{W} hite	5. DATE OF	BIRTH DAY YEAR 14 28	6 AGE (IN YEARS LAST BIR		FUNDER TYEAR ONTHS DAYS	FUNDER 24 HRS HOURS MIN.
Ma	IRTHPLACE (STATE OR FOREIGN COUNTRY).	IS A.	WIDOWED			nove		MD.
6	201111101	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET Francis Scott	Key	Med.Center	(1YPE OF WORK FOR MOST O Clerk			Steel
130. S Ma	aryland Balt	other institution, give residence before JIY. Isc. CITY OR TOW Dundal	k	136. INSIDE CITY LIMITS? YES NO 🔀		zip code erton	Road	21222
()Go	ordon	Dewey		Hillida	WIDDLE		Macn	eal
Y 6	WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) UEYES, GIV S	MED FORCES? 166. SOCIAL SECU EWAR OR DATES! 214-24-		Bettylee A	. Dewey		as 13	
	PART I. DE ATH WAS CAUSE	ly one couse per line for (a), (b), an D BY: E CAUSE (a) H V D C					BETWEEN ON	ATE INTERVAL ISET AND DEATH
	Conditions, if any, which	DUE TO, OR AS A CONSEQUI		ulmonary	de		40	
	couse (a), stating the underlying couse last.	107	own	cardiac			42	
IFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH			200 AUTOPSY?	20h IF YES,	WERE FINDING ING CAUSES C	
CAL CERTIFI	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH DA	AY YEAR	21c HOW INJURY OCCURR				NO []
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, EACTORY, OFFICE, F	FARM, ETC)	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
	saw the deceased alive an	tal) attended the deceased from	, onc	, 19	, to leath occurred on the do		9, th and from the co	ouses stated
	20 m a.	massey	MIK	ATTENDING PHYSICIAN	MEDICAL STAI DIRECTOR PHYSIC		8-10	1-84
	22d PHYSICIAN'S NAME (TYPE O	Mussey M	10	F5HMC	E, AL	,		
23o. l	BURIAL, CREMATION, REMOVAL	23b. DATE 23c. 1	NAME OF CE	METERY OR CREMATORY	23d LOCATION			

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the funeral should be detached for use as the buriol-transit permit. Then please remove carbanpopers. Pages 1 and 2 should be filed within 77 i

should be detached far use as the burial-transit permit. Then please remaye carbangape with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or remayal

OR ATTENDING PHYSICIAN: The low

HOSPITAL

DHMH - 16 50M 4/83 (VRA 15, 4)

230. BURIAL, CREMATION, REMOVAL (SPECIFY) (SPECIFY) (8/13

Baltimore

Maryland

Cremation 8/13/84 Westview
14 FUNERAL DIRECTOR Duda-Ruck, Inc.
7922 Wise Avenue Dundalk, MD. 21222

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STATE OF MARYLAND REGISTRAR

13c CITY OR TOWN

PA	RTMENT	OF HE	ALTH	AND	MENTAL	HYGIENE
	CE	RTIF	CATE	OF	DEATH	

CERTIFICATE OF DEATH REG. NO.						
WIDDLE	LAST		26. DATE OF DEATH MONTH	DAY YEAR	2b HOUR	
C.	DICK		8	17 84	7:29 am	
	5. DATE OF BIRTH		6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS	
IITE	09 19	07	76 YRS	MONTHS DAYS	HOURS MIN.	
OF WHAT COUNTRY?	MARRIED NEVER M	ARRIED -	9 BALTIMORE CITY OR COUN	TY OF DEATH		

FEMALE	WHITE	09	19	07
BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED [] NEVER A	ARRIED
MARYLAND	U.S.A.	WIDOWED		ORCED
CITY OR TOWN OF DEATH	NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET		THER INST	ITUTION
DATTIMODE	CT ACNIEC I	HOCDTTA	Т	

FOR - STATE

1. DECEASED NAME

(TYPE OR PRINT)

130. STATE

(YES NO OR UNKNOWN)

NO

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MPORTANT

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DIRECTOR:

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PHYSICIAN: The

ATTENDING

FIRST

ALBERTA

4 RACE

USUAL RESIDENCE (IF NURSING TOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)

(IF YES, GIVE WAR OR DATES)

COUNTY

NC

HOMEMAKER 13e STREET ADDRESS / ZIP CODE

17b KIND OF BUSINESS OR

ONSET AND DEATH

INDUSTRY

BALTIMORE CITY

120 USUAL OCCUPATION

ROBIN GAINES 3929 KENYON AVENUE

TYPE OF WORK FOR MOST OF WORKING LIFET

1	IARYLAND BA	ALTIMORE	ARBUTUS	YES NO W	1317 STEVENS	AVENUE, 212
4.	FATHER'S NAME			15. MOTHER'S MAIDEN NAME		
	FIRST	MIDDLE	LAST	FIRST	MIDDLE	LAST
	HENRY		CUMBERLAND	CATHERINE		NAU
Án	WAS DECEASED EVER IN ITS	ARMED FORCES?	166 SOCIAL SECURITY NO	17 INFORMANT	ADDRESS	

1134 INSIDE CITY LIMITS?

PART I DEATH WAS CALISED	one cause per line for (a), (b), and (c).)	IWEEN
Conditions, if any, which	DUE TO, OR AS A CONSEQUENCE OF THE COMPONY IS RESP THICKERS	
gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQUENCE OF HEADING SHOPE	

underlying couse

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

	19a DATE OF OPERATION	196 CONDITION FOR WHICH OPERATIO	N WAS PERFORMED		206. IF YES, WERE FINDING IN CERTIFYING CAUSES (
	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21¢ HOW INJURY OCCU	IRRED (ENTER NATURE OF INJURY	IN ITEM 18 PART 1 OR PART 2)	
18		21e. PLACE OF INJURY (AT HOME. STREET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATI

STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC 1 WHILE NOT WHILE AI WORK AT WORK 22a.1 certify that (1) (this haspital) attended the deceasest from

saw the deceased alive an and that in (my) (our) apin on death accurred on the data and from the causes stated 77c DATE SIGNED DEGREE EDICAL ATTENDING DIRECTOR PHYSICIAN

22e ADDRESS

231 NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION, REMOVAL 23b. DATE CITY OR TOWN

BURIAL 08-20-84 LOUDON PARK 24 FUNERAL DIRECTOR

BALTIMORE CITY MARYLAND 21229

HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

# 62:1/ NS 1/ B					
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				An lower	
	Dale Care		08-20- 6		

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer death. Page 4 may be retained by the haspital or attending physician.

CT	ATE	OF	MI A	DVI	AND	

		CEASED NAME EIRST	WIDDLE	LAST		20 DATE OF DEATH	MONTH DA		26 HOUR
1	(1111)	CHARL	ES H.	DIC	K		18 - 2	6-84	9:50
١,	3.5E)	X	4 RACE	5. DATE OF E		& AGE (IN YEARS LAST BIR	THDAY)	UNDER TYEAR	IF UNDER
1		MALER	CAUCASION	MONTH 6/	28 OI	83	YRS.	INTHS DATS	HOURS
1	H' BII	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	Y? B.		9 BALTIMORE CITY O		OF DEATH	-
35		COUNTRY	U.S.A	MARRIED L	NEVER MARRIED DIVORCED	BALTIM	IORE	CITY	
X	10. CI	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS			120 USUAL OCCUPATI		126 KIND C	OF BUSINES
2	I	BALTIMORE	(IF NOT IN SUCH EACILITY, GIVE STRE		EN. HOSP.	MINER	F WORKING LIFE)	INDUSTRY	
4	_	AL RESIDENCE (IF NURSING HOME	SOUTH BALTIN		. R. HOOV.	MINER			-
26		STATE 126 COL	INTY 13c. CITY OR TO	WN 13	BILL INSIDE CITY LIMITS?	13e.STREET ADDRESS			-
\vee	14 5 4		EG ENY COMBE		YES NO MAIDEN N		CHULL	EN	HWY
11	14 FA	ATHER'S NAME FIRST	MIDDLE LAST		FIRST	WIDDI E		LAS	ST
14		ILLIAM	A. DICE		SARAH	E		POR	TER
n		VAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SE	CURITY NO. 17	7 INFORMANT	ADDRE	55		2.12
1		NO		18-1126	BUENA C	UPP 2501	LIBERT	Y Pay.	BALT
		18. CAUSE OF DEATH (Enter of	only one couse per line for (a), (b), SED BY:						MATE INTER
			SED BY: ATE CAUSE (0) RESPIR	ATORY	(NSUFFI	CIENCY		15	MINUT
		Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR AS A CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSEC	OUENCE OF		UGESTIVE AL	ART TA	/	
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And the		grade GDLAs		18.1	

FOR STATE REGISTRAR		DE	STATE OF MARYLAND PARTMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	HYGIENE	41	2	i	2.
REGISTRAR					REG. N	10.		
DECEASED NAME	FIRST	MIDDLE	LAST	2a DATE	OF DEATH	MONTH	DAY	YEAR

1 -	REGISTRAR			CERTIF	ICATE OF DEATH	REG. NO	D.		
1. DECEASED NAME FRST (TYPE OR PRINT) Nellie			H. Di		fenbaugh	20 DATE OF DEATH		1, 1984 2b HOUR	
3. SE			5. DATE C		6 AGE (IN YEARS LAST BIRT		UNDER I YEAR IF UN NTHS DAYS HOU	RS MIN.	
	BIRTHPLACE STATE OR FOREIGN TO COUNTRY? Maryland U.S.A.			MARRIE WIDOWE	D NEVER MARRIED DIVORCED	9 BALTIMORE CITY O Baltimo	_		MD.
	ITY OR TOWN OF DEATH Baltimore	(IE NOT IN SU	HOSPITAL, NURSIN CH FACILITY, GIVE STREET LON NURSI	ADDRESS)	enter	TYPE OF WORK FOR MOST O HOUSewife	F WORKING LIFE)	17b. KIND OF BUS INDUSTRY	INESS OR
13a S	Md.	HOME OR OTHER INSTITUTION	13c CITY OR TOW Baltinos	N	13d: INSIDE CITY LIMITS?	13e.STREET ADDRESS / 1653 Ralw	zip code orth R	d. 21218	
14 F/	Jacob	WIDDLE	Harringto	n	15. MOTHER'S MAIDEN NAME FIRST	WE		Neilson	
	WAS DECEASED EVER IN YES, NO OR UNKNOWN)	U.S. ARMED FORCES? WE YES, GIVE WAR OR DATES)	219-56-4	100000	Jessie Mill	er 1653 Ral		Rd. 2121	8
-	18 CAUSE OF DEATH IN PART I. DEATH WAS	CAUSED BY: MEDIATE CAUSE (0) DUE TO, C	Respirato	ry &	cardiac arres	t		Gradua 1 day	
	gove rise to immediate couse (a), stating the underlying couse last. DUE TO, OR AS A CONSEQUENCE OF Arterioscleratic cardio- Vascular disease with atrial fibrillation							17 yrs	
NO					NOT RELATED TO THE TERM	INAL DISEASE OR CONI	DITION GIVEN	IN PART 110	7/18
CERTIFICATION	19a DATE OF OPERATIO				N WAS PERFORMED	20a AUTOPSY?		WERE FINDINGS L NG CAUSES OF D NO	
	210. ACCIDENT WAS UNDER OR CONTRIBUTING CAU	SE OF DEATH HOUR A	DF INJURY .M. MONTH DA .M.	YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF MULL	RY IN ITEM IB PAR	I (OR PART 2)	
MEDICAL	21d. INJURY OCCURRED WHILE AT WORK AT WORK	(AT HOME, ST	OF INJURY REET, FACTORY, OFFICE, F		211. LOCATION STREET	CITY OR TO		COUNTY	STATE
	22a.1 certify that (1) (the saw the deceased above, (1) (we work	olive on Augu	st 14, 19	Mar 4	ch 1, 1967 nd that in (my) (XX opinion)	to Augus death occurred on the do		ind from the cause	
	22b. SIGNATURE	A. Z.	Sn. 2	1		MEDICAL STAF DIRECTOR PHYSIC	F IAN []	22c. DATE SIGN 8/22/	
	22d. PHYSICIAN'S NAM	(TIPE OR PRINT)	M D		1900 F Nor	thern Pkwn	Balti	more. Ma	ruland

should be detoched for use as the burial-fronsit permit. I with the State Dept. of Health and Mental Hygiene prior IMPORTANT: If Hem 21 is morked ar Hem 18 shor TO FUNERAL DIRECTOR: 236. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATE SPECERY Burial Aug. 24, 84 Parkwood

24. FUNERAL DIRECTOR

NAME
Leonard J. Ruck, Inc. 5305 Harford Rd. 21214 23d LOCATION
CITY OF TOWN

Baltimore Maryland

ECD. BY REGISTRAR 250 REGISTRAR'S SIGNATURE

2 3 1984 Julia Davidson Fundall 231. NAME OF CEMETERY OR CREMATORY AUG 2

DHMH - 16 50M 4/83 (VRA 15, 4)

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8/22/84	X		A 1.
		a supplied to	THE OWNER OF THE OWNER O

busfress, erositist

Burisi Aug. 25, 84 Farlwood Leonard J. Buck, Inc. 5505 Marford Ed. 21215

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death.

retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and cor should be detached for use as the buriol-transit permit. Then please remove carban papers. Pages 1 is with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, or removal. IMPORTANT: If Hem 21 is marked or Hem 18 shows any injury, or other traumatic event, the medical

completely filled in by the funeral . I and 2 should be filed within 72

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES

1-	STATE REGISTRAR		CERTIFI	CATE OF DEATH	REG. I			
	CEASED NAME PIRST DO NO Phy	MIDDLE	D	1295	20 DATE OF DEATH	8 /	G 84	7:58 P
3. SEX	Female 9	BACK CITIZEN OF WHAT COUNT	5. DATE O	7 / O	6. AGE (IN YEARS LAST B	YRS	MONTHS DAYS	F UNDER 24 HR HOURS MP
531	9/10.ml	NAME OF HOSPITAL, NU	MARRIED WIDOWEI		Baltiner 120 USUAL OCCUPA	e City	12b. KIND O	F BUSINESS (
3 130 F	7018 Dal	HER INSTITUTION, GIVE RESIDENCE B		13d. INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS		612 Congwil	169
SCI FA	# Sam ve	PLAST	sell	15. MOTHER'S MAIDEN NA	WIDDLE		Bross	to
	VAS DECEASED EVER IN U.S. ARME (ES, NO RUNKNOWN) (IF YES, GIVE V		30-7108	Mrs. Jewe	1 Sneed 2	104N	Longe	word;
TION	underlying cause last. PART 2 OTHER SIGNIFICANT CO	Monutition			MINAL DISEASE OR CO		EN IN PART 1:0	
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WE	HICH OPERATION	N WAS PERFORMED	YES NO	IN CERTIF	YING CAUSES	
MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	P.M. 21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21c. PLACE OF INJURY	DAY YEAR	21c HOW INJURY OCCUI			- 1	
ME	WHILE NOT WHILE AT WORK 220.1 certify that (1) this hospital saw they become alive on	8/16	om 8/	STREET , 19 d that in (my) (our) opinion	to to	116		that (I) (we)
	obove (1) wer (did) (did not): 77b. SIGNATURE MCC	hel Ecos	re p	DEGREE ATTENDING PHYSICIAN	MEDICAL ST	AFF ICIAN	221. DAJE	SIGNED
	22d PHYSICIAN'S NAME LTYPE OR P	K [M1]		22e ADDRESS				
1	22d PHYSICIAN'S NAME (TYPE OR P	[Econs,	MD	22 S.	arcen.	sk.		_
L.	Michael	1 Econs,	MD 231 MAME OF C	22 5. METERY OR CREMATORY UDURN CO	m. BAI	R 25b. REGIST	COUNTY (n.J.

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

8 15 17 F Loudy bit the 2 10 J Eres Bellu ret a Ust a land or Elmon with a City of Mile and Miles HAMIS MAN SWADE Victoryal IV with the Acoust. ales Volume PENNSONER A FOLK FORKY FORKY AND SE - BLC February Market Comments S/14 Marked icers Mp Mariel Gross MD 33 5 Gross 34 The Committee of the Co Higher Stigners of the Aren Apart of Company of the soft

STATE OF MARYLAND	35
DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	

	STATE OF MARIEMAN	2.5
D	DEPARTMENT OF HEALTH AND MENTAL H	YGIENE
	CERTIFICATE OF DEATH	

REGISTRAR	
. DECEASED NAME (TYPE OR PRINT)	HILTON
I. SEX	4

REG. NO LAST 2n DATE OF DEATH 7h HOUR 8/11/84 DIGGS 1:30a 5. DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF LINDER 21 HRS MONTH

09 27 Male To. BIRTHPLACE (STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED U.S.A. Maryland WIDOWED DIVORCED

Α.

4 RACE

9 BALTIMORE CITY OR COUNTY OF DEATH Baltimore City

IN CITY OR TOWN OF DEATH

NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

12a USUAL OCCUPATION 12h KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE) Retired

INDUSTRY Post Office

Baltimore USUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Maruland

13c. CITY OR TOWN Baltimore

6610 Liberty Terrace

134 INSIDE CITY LIMITS? YES X NO [15 MOTHER'S MAIDEN NAME

136 STREET AUDIESON TOP CODE TT. 21207 5475 Styr Louis Avenue

14 FATHER'S NAME

16h_8OCIAL SECURITY NO

Ethel 17 INFORMANT

Diggs

160, WAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES) MES NO OR UNKNOWN)

PART I. DEATH WAS CAUSED BY

1136 COUNTY

MIDDLE

18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)

Ernest Diggs 6610 Liberty Terrace

IMMEDIATE CAUSE (o) Canditians, if any, which gave rise to immediate couse (a), stoting the underlying cause lost.

DUE TO, OR AS A CONSEQUENCE OF Glioblastoma multiforme

19h CONDITION FOR WHICH OPERATION WAS PERFORMED

Cardio Pulmonary Arrest

DUE TO OR AS A CONSEQUENCE OF

3/84

206 IF YES, WERE FINDINGS USED

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART To

	170	DATE	Or	OPE	KAL	
Ì	21a	ACCIE	DENT	WAS	UNDE	F

216 TIME OF INJURY

IN CERTIFYING CAUSES OF DEATH? NO 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IS PART | OR PART 2)

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDIC ALEXAMINER) 214 IN JURY OCCURRED

HOUR A.M. MONTH DAY YEAR 71e PLACE OF INJURY

AT HOME STREET, FACTORY OFFICE FARM ETC.)

21f LOCATION

COUNTY

AT WORK NOT WHILE

22a I certify that (1) (this hospital) attended the deceased from_

10.84 and that in (my) (our) apinion death occurred an the date and hour and from the causes stated

20a AUTOPSY?

sow the deceased olive on 7/30/84 obove, (1) (we) (3/4) (did not) view the body ofter death. 22h SIGNAL

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

224 DATE SIGNED 8/13/84

GWEN DUBOIS, M.D.

22d PHYSICIAN'S NAME

230. BURIAL, CREMATION, REMOVAL

VA Medical Center

3900 Loch Raven Boulevard, Baltimore 21218MD

FUNERAL uld he deno the Store PORTANT

DHMH - 16 50M 4/83 (VRA 15, 4)

Burial 8-14-84

23c. NAME OF CEMETERY OR CREMATORY St. Luke U.M. Cem.

DEGREE

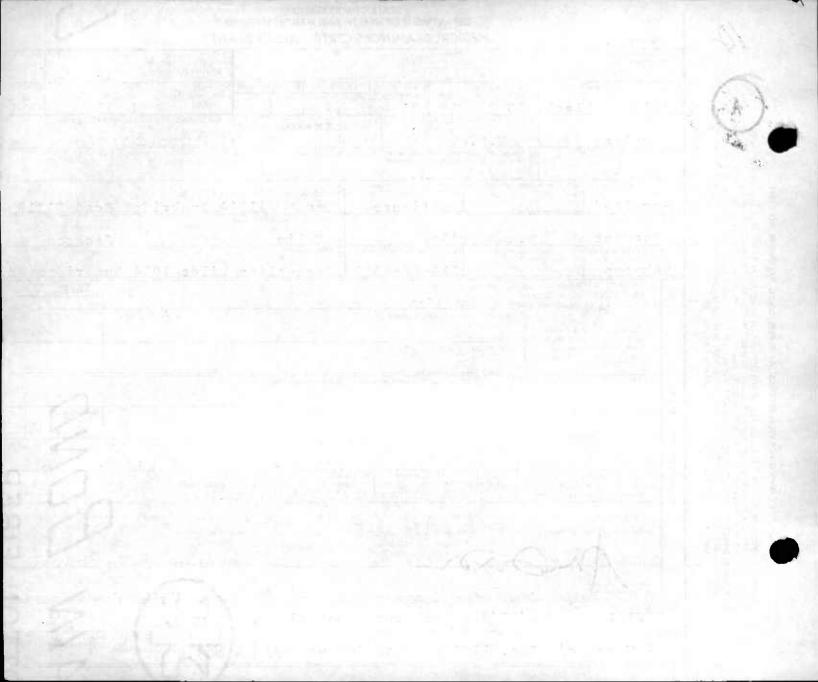
24 FUNERAL DIRECTOR

Vernon P. Bailey F.H. 1348 N. Calhoun

Cem. Reisterstown M
250 DATE REC'D. BY REGISTRAR 25 PRESSTORMENT



1								AARYLAN		-				1	0	1
7	1-	FOR STATE				TMENT OF				0.4	Section 1	2		tive .	Ö	1
		REGISTRAR	r FIRST	^	MIDDLE	EXAMI	NER'S		CATEC			REG. I				
		CEASED NAM E OR PRINT)	E FIK21		WIDDLE			LAST		2	a DATE N	NOWN ESTI-	MON!	TH DAY	YEAR	26 HOU
			ROBER		Α.			ILES				MATED	8	13	1984	
	3 SE	(4 RACE	5 DATE OF BIR	TH YEAR	6. AGE (IN)	EARS IF UN		IF UNDER		C. DATE	CED	MONT	H DAY	YEAR	2d HOU
	n	ale	black	10 20	0 48	3.5	YRS.	HS DATS	HOURS	MIN.	DEAD	CED	8	13	1984	11:0
7		RTHPLACE (S	TATE OR	76. CITIZEN OF	WHAT COL	INTRY?	8 MAPP	IED X KNEV	/FD AA A DDI	IED 🗆	BALTIMO	ORE CITY	OR COU	INTY OF	DEATH	
7	M	arvla	n d	U.	S . A .		WIDOW		DIVORC		Balti	more	Cit	V		AAI
1	10. C	TY OR TOWN	OF DEATH	11. NAME OF	HOSPITAL, N	URSING HOA	AE, OR OTH	ER INSTITUT	ION		AL OCCUP	ATION (T		RK 12b KI	IND OF BI	
	T	Baltimo	re		20th)			FORM	OST OF WORK	ING LIFE)			R INDUST	IRY
7	USU	L RESIDENCE	(IF IN NURSING HOME O	R OTHER INSTITUTIO	N. GIVE RESIDEN	CE BEFORE ADMIS	SION)	In a coper.		la constant						
		aryla	nd 136. COUNT	Υ		ty or town 1 t i m o i		13d. INSIDE (I						D	1 0	1010
ŧ		THER'S NAME			јра		LE	15. MOTHE		N NAME	4 IU	прті	Lage	Koa	la Z	1212
ł		FIRST		WIDDLE	n : 1	LAST		FII	RST	- THE	ME	DOLE			LAST	
7	160. V	Stewa:	D EVER IN U.S. ARA	D.	Dil	es Ocial securi	TYNO	17 INFORM	lia			ADDRES	55	Jac	kso	n
Ì	{Y	ES, NO, OR UNKNO	(IF YES, GIVE V	VAR OR DATES)												
ŀ	U	nknow				2-48-4	+56/	Jaco	quel	ine	Dile	s 10)44			
ı		PART I DE	F DEATH (Enter onl	y one couse per BY:										BET	WEEN ONSE	TE INTERVAL ET AND DEATH
1			IMMEDIAT	E CAUSE (o)		tiple i		es						-		
		Condition	ns, il ony, which	DUE TO,	OR AS A CO	NSEQUENCE	OF									
ı		gove ri	se to immediate	(b)_												
1		lying cou	stoting the <u>under</u> - ise lost.	DUE TO,	OR AS A CO	NSEQUENCE	OF									
۱		2442 2 2244 2		(c)												
1	z	PARE 2 OTHER SE	GNIFICANT CONDITIONS C	ONTRIBUTING TO DE	ATH BUT NOT RE	LATEO TO THE TER	MINAL OISEASI	E OR CONDITION	GIVEN IN PAI	RT 1 (o)						
1	MEDICAL CERTIFICATION	IRA DATE OF	OPERATION	1101 601	10111011101	R WHICH OPE	DATIONIA		1500							
I	CA	ITH. DATE OF	OFERATION	176 COP	NOTION FOR	K WHICH OPE	KATION W	AS PERFORM	VED.					20 /	AUTOPSY	?
ł	RTI	21- EVTERNI	AL CAUSE WAS	011 7114	OF Blue		100								YES X	NO 🗌
I	LCE	UNDERLYING	₹ OR	HOUR	OF INJURY	H DAY YEA	IR .	OW INJURY								
l	ICA	CONTRIBUTI	NG CAUSE OF D			L3- 19 8		ject p	preci	pitat	ed fr	om b	alco	ny.		
ı	WED	21d. INJURY C		SIREET	CE OF INJUR FACTORY, FARM,	ETC.)		CATION			CITY OR TOW	N		COUNTY		STATE
l		AT WORK	AT WORK		buildi	ing	11	W. 201	th St	., Ba	ilto.					Md
I		22a I certi	ly that I took charge	ol the remains	described ob	ove, held on	Autop	sy X	Inspection	. [].	Inquiry		ond in my	opinion	4.	
ĺ		deoth results	ed from: Noture	ol couses .	Accident	s S	worde X	Homici	de D	Undeter	mined mor					
ı			A					TITLE (SP		Ondere.	mined mo		,			
1		ACTUAL SIGNATURE	11 W (AN	M		AA	n Assis		MEDIC	ALEXAMI	NIED	DAT	E NED	8-14-	-84
1		/	1	7			,,,,	.0.210021	0 00110	MEDIC	AL EXAMI	NEK	SIGI	NED	<u> </u>	01
		EXAMINER'S (TYPE OR PRI	MAME Ann M	1. Dixor	, M.D.	•		ADDRESS 1	11 Pe	nn St	., Ba	alto.	, Md	.212	01	
Ī	23a.Bl	JRIAL, CREMA	TION, REMOVAL 23	8/17/8	230.	NAME OF CE				23d LOC CITY OF	ATION TOWN T D U L U		cc	DUNTY	MS	L ATE
-		INERAL DIREC		0/1//	T 1	iibutt	o rie		11				CICTRADIO	CICH		
			ch F/H	Inc. ADT	101 F	E Nort	h Av	enue	AIIG	16	egistrar 1984	Lulia	David	301-A	indall	- 18
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ATTENDING PHYSICIAN: The low

TO HOSPITAL OR

retained by the hospital or ottending physician

executed within 24 hours after death. Page 4 may be

STATE OF MARYLAND

- STA		DiSALW	DEPARTM		ICATE OF DE		REG. NO	o.			
	SED NAME FIRST		AIDDLE	L	AST		20. DATE OF DEATH	MONTH	DAY	YEAR	26 HOUR
YPE OR PI	Roberta		1	Di S	alvo			8	6	84	5 30 AM
SEX		4. RACE		5. DATE O	F BIRTH		6. AGE (IN YEARS LAST BIRT	HDAY)		ER I YEAR	IF UNDER 24 HRS
F	mile.		icasian	MONTH		YEAR	73	MDE	MONTHS	DATS	HOURS MIN.
BIRTHE	PLACE (STATE OR FOREIGN		WHAT COUNTRY?	B.			9 BALTIMORE CITY O	R COUN		EATH	
Ven	YORK	u.	S.A.	WIDOWE		RCED	Baltimo		Lity		MD.
B	altimore		HOSPITAL, NURSIN		or other instit	LOSPITON	Housewife		LIFE) IN	DUSTRY	f Business or Maker
STATE STATE	SIDENCE (IF NURSING HOME OR 13b COUN	OTHER INSTITUTION.	13 CITY OR TOWN	ADMISSION)	13d. INSIDE CITY		13. STREET ADDRESS	ordon			1061
FATHE	RENAME FIRST Den Jamin	MIDDLE	Schume	r	15. MOTHER'S A		WIDDLE			En	annel
	DECEASED EVER IN U.S. ARA	MED FORCES? E WAR OR DATES)	563-16-	8886	17 INFORMAN Lynda		na 2048 Kui	2 7 4		1122 Pasa	adena
18.0	CAUSE OF DEATH (Enter onl	y one couse per	line (or (o), (b), one	(e).)						APPROXI	MATE INTERVAL
	PART I. DEATH WAS CAUSED IMMEDIATE	D BY: E C AUSE (o)	Pheum	ONIC		O. Line			14		
go	anditions, if ony, which ove rise to immediate use (o), stating the iderlying cause lost.	(b)	R AS A CONSEQUE R AS A CONSEQUE	na c	of Brea	ot, Lu	ng, Bone				
		(c)	NITRIPLITATO TO D	EATH BUT	ALOX DEL ATED T					0.07.1	
PAI	RT 2. OTHER SIGNIFICANT C	ONDITIONS CC	DATKIBUTING TO D	EATH BUT	NOT RELATED IS	D THE TERMI	NAL DISEASE OR CONL	DITION G	IVEN IN	PARI III) '
190.	DATE OF OPERATION	19b. COND	TION FOR WHICH	OPERATIO	N WAS PERFORA	AED	20a AUTOPSY?	IN CER			IGS USED OF DEATH?
210.	ACCIDENT WAS UNDERLYING			d lac	21c HOW INJU	RY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 1	8 PART I OI	R PART 21	
	CONTRIBUTING CAUSE OF DEA	117	M. MONTH DA	Y YEAR							
	FEITHER, NOTIFY MEDICAL EXAMINERS	21e PLACE		19	211 LOCATION			_		-11	
	HILE NOT WHILE AT WORK	(AT HOME, STR	REET, FACTORY, OFFICE, FA	ARM, ETC)	STREET		CITY OR TO	WN	cc	YIMUC	STATE
22a	I certify that (I) (this hospit			July	25	19 84	10_ AUGUST	4	. 19_5	24.	that (I) (we) last
	sow the deceased alive on above, (I) (we) (did) (did not	HUB:25+	oftendenth.	84 . on	nd that in (my) (a	ur) opinion d	eath occurred on the do	ite and h	our and f	from the	couses stated
28h	SIGNATURE	101	0	- [DEGREE				2	2c. DATE	SIGNED
-	Dricka	AM	alanie			ENDING YSICIAN	MEDICAL STAF			8/6	184
22d.	PHYSICIAN'S NAME (TYPE OF	PRINT)	,		22e. ADDRESS	',	. /		0.	()	0.
	Michael (5. Gal	lanis, M	D	SBGA	4/30	01 S. Han	over	STR	cot	Saltin
- PINDL	AL CREMATION DEMOVAL	Tool DATE	T22. A	AME OF C	FMETERY OR CO	ENATORY	Tasa LOCATION			_	4/

DHMH - 16 50M 4/82

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director pages should be detached for use as the burial-transit permit. Then please remave corban pages. Pages 1 and 2 should be filed within 72 hours after each with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or remaval.

injury, ar other troumatic event, th

IMPORTANT: If them 21 is morked or them 18 shows any

(VRA 15, 4)

(SPECIFY) Burial 8/7/84 Gonce 4001 Ritchie Hgwy Balto Md 250 DATE REC'D.

Glen Haven Mem Park

Glen Burnie

A.A.

Md

8 1984 Julia Javidson Honda

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	the state of the s	
16/1/A p < 116 m	and the second of the second	
the most ward ?	Missey & George M.D. Solver Car	
.A.A. algree asl.	Boxtal 8/7/84 10m Asven den serk	
Andrew Service Agency	la offet week alteria 1004 enco . encoe	

FOR

- STATE

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

20 DATE OF DEATH I. DECEASED NAME Michael 26 HOUR Adam LIVEE OR PRINTS DISNE AUGUST 1984 7:30AM BARY ROY IF UNDER 1 YEAR 5. DATE OF BIRTH 3 SEX White 24 Th CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE ISTATE OR FOREIGN MARRIED NEVER MARRIED Maruland DIVORCED Baltimore City WIDOWED NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 176 KIND OF BUSINESS OR TYPE OF YORK FOR MOST OF WORKING LIFE) INDUSTRY Baltimore The Johns Hopkins Hospital 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE onley Street 21224 Maruland astwood NO DOC Flaine Watson Marie None John W. Disney 7221 (onley Street 21224 No 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Conditions, if ony, which gove rise to immediate couse (o), stoting 20g AUTOPSY? 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 IF YES, WERE FINDINGS USED 19s DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? 71n ACCIDENT WAS UNDERLYING 71h TIME OF INJURY HOUR AM MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 71d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OF TOWN COUNTY STATE AT HOME, STREET, FACTORY OFFICE FARM ETC 1 22a.1 certify that (1) (this haspital attended the deceased from sow the declared live on obove, (() (we) did (did not) view the body ofter death and that in (my) our) opinion death occurred on the date and hour and from the causes stated DEGREE 22c DAJE SIGNED ATTENDING DIRECTOR PHYSICIAN 230 BURIAL, CREMATION, REMOVAL

emeter

hartes S. Zeiler & Son Inc. 6224 Eastern Ave.

DHMH - 16 50M 4/83 (VRA 15. 4)

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the property of the later of the and the second s k ydžu econi An . n e garabelo saleli, sagen in a silli din albeb the ottending physician

MPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physici should be detached for use as the burial-transit permit. Then please remove carbon paper with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

within 24 hours ofter death. Page 4 may be

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	- STATE REGISTRAR			CERTIF	ICATE OF DEATH	REG. I	٧٥.		
	ECEASED NAME FIRST PE OR PRINT) LEONA		MIDDLE	DIX	AST	2a. DATE OF DEATH	8-2	4-84	26. HOUR
3. SI		4. RACE Whi		5. DATE 0		6. AGE (INYEARS LAST 8	YRS.	IF UNDER I YEAR	
Jo. i	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	45		WIDOW		9. BALTIMORE CITY BALTIMOR	E CI	Ty	MD.
A	BALTI MORE	Good S	amaritan	DDRESS) Hospi	ital	120. USUAL OCCUPA (TYPE OF WORK FOR MOST Ret. Offi	OF WORKING LIFE	INDUSTRY	&Seal
	UAL RESIDENCE (IF NURSING HO). STATE 13b C	ME OR OTHER INSTITUTION OUNTY	13t. CITY OR TOWN Balto.		134. INSIDE CITY LIMITS? YES X NO	13. STREET ADDRESS 6101 Loch		Blvd.	21239
14, F	FATHER'S NAME FIRST Thomas	MIDDLE L.	Dix		15. MOTHER'S MAIDEN NA PIRST Clara	M. MIDDLE		ake '^	.ST
160.	WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF YE	S. ARMED FORCES? ES. GIVE WAR OR DATES)	212-09-7		Clara E. Dix	s, Same as			XIMATE INTERVAL
Z		DUE TO, C	metost	NCE OF	Fung Co	ALCUNTON	NDITION GIVE	EN IN PART 1	(0)
CERTIFICATION	190. DATE OF OPERATION	19b. COND	DITION FOR WHICH	OPERATIO	ON WAS PERFORMED	200. AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?			S OF DEATH?
	OR COLUMN TO CALLER !	OF DEATH HOUR A	OF INJURY M. MONTH DA	Y YEAR	21c. HOW INJURY OCCUR	RRED (ENTER NATURE OF IN	JURY IN ITEM IS PA	ART 1 OR PART 2)	
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	(AT HOME ST	OF INJURY TREET, FACTORY, OFFICE, FA	ARM, ETC)	211. LOCATION STREET	CITY OR	NWOT	COUNTY	STATE
								22c. DATI	that (I) (was lost e causes stated E SIGNED 24 -84
22	ROSITA A	P. CRU	20	IAME OF	220 ADDRESS GOOD SA	MAPITAN 238 LOCATION	Hos	PITAL	
230	i. BURIAL, CREMATION, REMO	OVAL 236. DATE	136.15	CALL OL	CLITE IER I OR CREMATORT	CITY OR TOWN		COUNTY	STATE

Druid Ridge

DHMH - 16 50M 4/82 (VRA 15, 4)

TO HOSPITAL OR ATTENDING PHYSICIAN: The low etained by the hospital or attending physician

Leonard J. Ruck, Inc.,5305 Harrord Rd.

8-27-84

Burial

250. DATE REC'D.

Balto., Md.

CD. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

A Summission from the summis

THE SECTION		2/10	7	0.34	STATE OF STATE
		A DOS Form	102		
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150	z, Seen no	es oleman. Di	3212-03-76		08.5

Louisian J. Mack. Inc., 2005 Harrord Bd.

FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	4.3	
)		

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

Lulia Davidson Pandage

23	1	2	3	-3
Cas				

REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
I. DECEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MO	NIH DAY YEAR 26 HOLLR
Rt. Rev. 1	Harry Lee	Doll	August 2	27, 1984 DA
3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHD	AY) IF UNDER I YEAR IF UNDER 24 HRS
male	white	July 31,1903		YRS. MONTHS DATS HOURS MIN.
To. BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTE	RY? 8 MARRIED NEVER MARRIED	9 BALTIMORE CITY OR	
West Virginia	USA	WIDOWED DIVORCED	Baltimon	re City MC
10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STR	RSING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	
Baltimore	611 W. Un	iversity Pkwy.	Retired Bis	shop Episcopal Ch
USUAL RESIDENCE (IF NURSING HOME OF 130, STATE 13b, COL			TS? 13e.STREET ADDRESS / ZI	P CODE 21210
Maryland -	Balti			versity Pkwy.
4 FATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDE		
	Lee Doll	Milli	cent	Jones
60. WAS DECEASED EVER IN U.S. A		ECURITY NO. 17 INFORMANT	ADDRESS	21210
(YES NO OR UNKNOWN) (IF YES, G	216-36	-7243 Mrs. Deli	a Doll 611 W. Ur	niversity Pkwy.
18 CAUSE OF DEATH (Enter A	only one cause per line for (a),	dedici	Λ	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUS	SED BY	MOMOSal	amila.	
IMMEDIA	ATE CAUSE (o)			
	DUE TO, OR AS A CONSEC	QUENCE OF		
Conditions, if ony, which	(
gove rise to immediate	(b)			
couse (a), stating the	DUE TO, OR AS A CONSEC	QUENCE OF		
underlying couse lost.				
DART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING 1	TO DEATH BUT NOT RELATED TO THE	TERMINIAL DISEASE OR COMBIT	ION CRIENT INT DADT 1
Z O THER SIGNIFICANT	CONDITIONS CONTRIBUTION	TO DEATH BUT NOT RECATED TO THE	TERMINAL DISEASE OR CONDIT	ION GIVEN IN PART 116
ZO I I I I I I I I I I I I I I I I I I I	196 CONDITION FOR WHI	ICH OPERATION WAS PERFORMED		DE IF YES, WERE FINDINGS USED
				CERTIFYING CAUSES OF DEATH?
21g. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21r HOW IN HIPS OF	YES NO NO NOTIFIED LENGTH IN THE CONTROL OF INJURY IN	YES NO
	110110 4 11 11011711	DAY YEAR	CONKED TENTER NATURE OF INJURY IN	THEM IS PART I ORPART 2]
(IF EITHER NOTIFY MEDICAL EXAMIN		19		
OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI	CE. FARMEN	CITY OR TOWN	COUNTY STATE
WHILE NOT WHILE		(1 22	da //	277 84
27s I certify that (1) (this that	same) offered the decoragi from	my place Ly 10	3,10009	19 , that (II (WE) las
yew the degeneed alive o	o Cug / 7	and that in (my) (our) op	mion death occurred on the date	and hour and from the causes stated
PRASIGNATURE ///	PONT OIL	//// DEGREE		121: DATE SIGNED
+ Dillia	M OT HEXTON	ATTEND	NG MEDICAL STAFF	0/10/01
7M PHYSICIAN'S NAME ITH	CR PRINTI	PHYSICI 22e ADDRESS	AN DIRECTOR PHYSICIAN	10/00/07
	m G. Helfrich	$\Lambda \Lambda \downarrow \chi$	land Arra	///
		A CONTRACTOR OF THE PARTY OF TH	land Ave.	
30. BURIAL, CREMATION, REMOVA (SPECIFY)	L 23b. DATE 2:	3c. NAME OF CEMETERY OR CREMAT	CITY OR IOWN	COUNTY STATE
Burial	A119. 27. 1984	St. Thomas Enis C	h con Garrison	Forest Bal Co Md

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicia should be detacked for use as the burial-transit permit. Then please remove carbompapers with the State Dept of Health and Mental Hygiene prior to burial, cremation, ar removal.

MPORTANT: If them 21 is market

24 FUNERAL DIRECTOR

Mitchell-Wiedefeld Home 6500 York Rd.Bal.Md.

10: 77, -0. co ee ea 2021, 'E with ساءر لا أ. ه 2 to 5 a la or -2 - 1919 rs. nolla coll 11 m. nivraigo um.

ite cult see element of the order. along the

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed

etoined by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and co should be detached for use as the burial-transit permit. Then please remove corbon papers. Pages with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Hem 21 is morked or Hem 18 shows ony injury, or other troumotic event, the medical

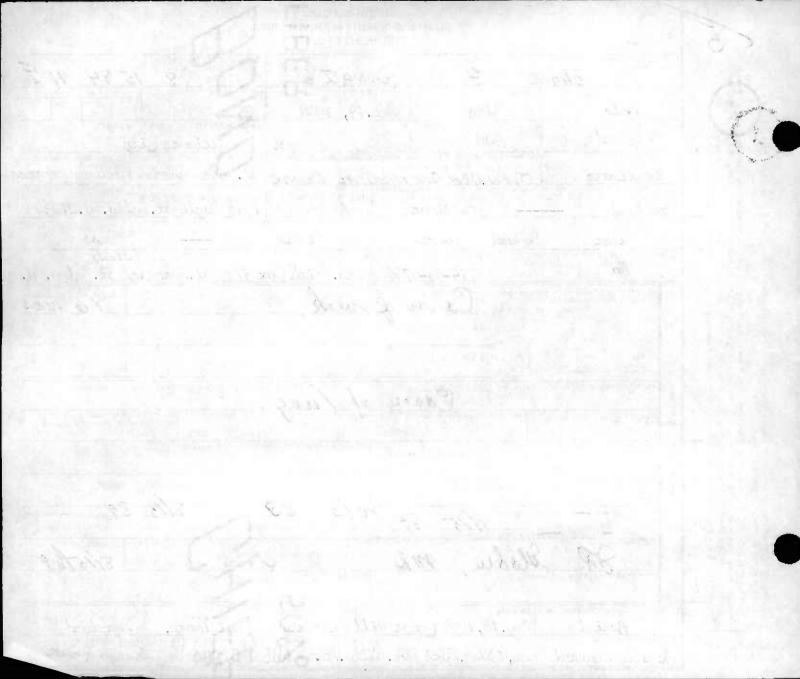
completely filled in by the fu ond 2 should be filed with

STATE OF MARYLAND FOR STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1		REGISTRAR		CERTIF	ICATE OF DEATH	REG. N	10.		
		CEASED NAME FIRST	MIDDLE	L.	AST .	20. DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
	(IAbF	Elma	e 3.	D	JJAUNG		8 13	784	1/ 04
	3. SE		4. RACE	5 DATE C	OF BIRTH	6. AGE (IN YEARS LAST BE		UNDER I YEAR	IF UNDER 24 HRS
	33	Male	White	Dec	.19, DAY 1908 YEAR	75	YRS	VIHS DATS	HOURS MIN.
0		RTHPLACE (STATE OF FOREIGN	Th. CITIZEN OF WHA	COUNTRY? 8.	NEVER MARRIED	9 BALTIMORE CITY		FDEATH	
5	1	Manyland	USA	WIDOWE		Baltim	ne (it	4	MD.
	10 CI	ITY OR TOWN OF DEATH		ITAL, NURSING HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPAT		12h. KIND C	OF BUSINESS OR
0		Baltimore	JOHN DE	A TON MEN	ical CENTER	Ret. Warehou		Railwa	y Expres
1		AL RESIDENCE (# NURSING HOME OF STATE 136 COU		ESIDENCE BEFORE ADMISSION)	134 INSIDE CITY LIMITS?	13e STREET ADDRESS	/ ZIP CODE		
5	-	ryland	Bo	iltimore	YES NO 🗌	1548 Boyle	2 St. Ba	lto.Ma	1.21230
-	14 FA	ATHER'S NAME	MIGDLE ,	() LAST	15. MOTHER'S MAIDEN NA	WE		Hess	ST
C		Peter	Howard.	Donatt	Minie		-	ness	3
		WAS DECEASED EVER IN U.S. AI YES, NO OR UNKNOWN) (IE YES, GI	IVE WAR OR DATES)	SOCIAL SECURITY NO.	17. INFORMANT	ADDR		21225	0 1. 4.1
		110		14-05-6756	Mrs. Edith (o	x 3739 St.1	Margare	t St.L	Balto.Md.
	-	18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUS	only one couse per ling	- 44 44	A			BETWEEN	MATE INTERVAL ONSET AND DEATH
			ATE CAUSE (a)	ancer of	week.			-	a mos
			DUE TO, OR AS	A CONSEQUENCE OF					
		Conditions, if ony, which gove rise to immediate	(b)						
		couse (a), stating the underlying couse last	DUE TO, OR AS	A CONSEQUENCE OF					
		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTR	BUTING TO DEATH BUT	NOT RELATED TO THE TERM	LINAL DISEASE OF CON	IDITION GIVEN	IN PART III	2:
	N N	TANT 2 OTTER STONII TEANT	CONDITIONS <u>CONTI</u>	CAMALL.	de lienc	IN AL DIOLAGE ON CO.	TO THE PARTY OF TH		
	CERTIFICATION	198 DATE OF OPERATION	196 CONDITION	FOR WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, V		
7	TIE					YES NO	YES		NO [
0	CER	210. ACCIDENT WAS UNDERLYING	110110 4 14	URY MONTH DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF IN)	URY IN ITEM 18 PART	I OR PART 2)	
7	₹ N	OR CONTRIBUTING CAUSE OF OF (IF EITHER NOTIFY MEDICAL EXAMINE	AIII	19					
	MEDICAL	21d INJURY OCCURRED	21e PLACE OF IN	JURY	211. LOCATION	CITY OR I	OWN	COUNTY	STATE
	2	AT WORK NOT WHILE	THE STREET, THE	COM, OFFICE, CAMP ETC.)	6 00		06.	0.44	
		220 I certify that 447 (this hasp	oital) attended the dec	12	10/3 19.83		8/16 19		that the (we) lost
		sow the deceased alive of obove, (triwe) (did) (did in	n view the body after	death. 19 , or	nd that in (my) (our) opinion	death occurred on the o	date and hour a	nd from the	couses stated
		276. SIGNATUR	0,11	2	DEGREE ATTENDING	MEDICAL STA	CC	22c. DATE	SIGNED
		AN.	Madle	MA	PHYSICIAN (DIRECTOR PHYS		8/1	3789
		224 PHYSICIAN'S NAME (TYPE	OR PRINT)	T. 10. 7.19	22e. ADDRESS				
		BURIAL, CREMATION, REMOVA			EMETERY OR CREMATORY	23d LOCATION		ориту ,	STATE
	24.5	Burial	Aug. 18, 1			Baltino E REC'D. BY REGISTRA		Paryle	
	74 Ft	UNERAL DIRECTOR Cully Funeral	Hama 120 5	TADDRESS ALL A	1230 Md. AU		Fulia Dav	7	Pandelle
	1110	a unity runeral	rione, 130	. TOIL TVE.DO	AU	0 1 0 1004	June Du	[MODI 4-1	

DHMH - 16 50M 4/83 (VRA 15, 4)



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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

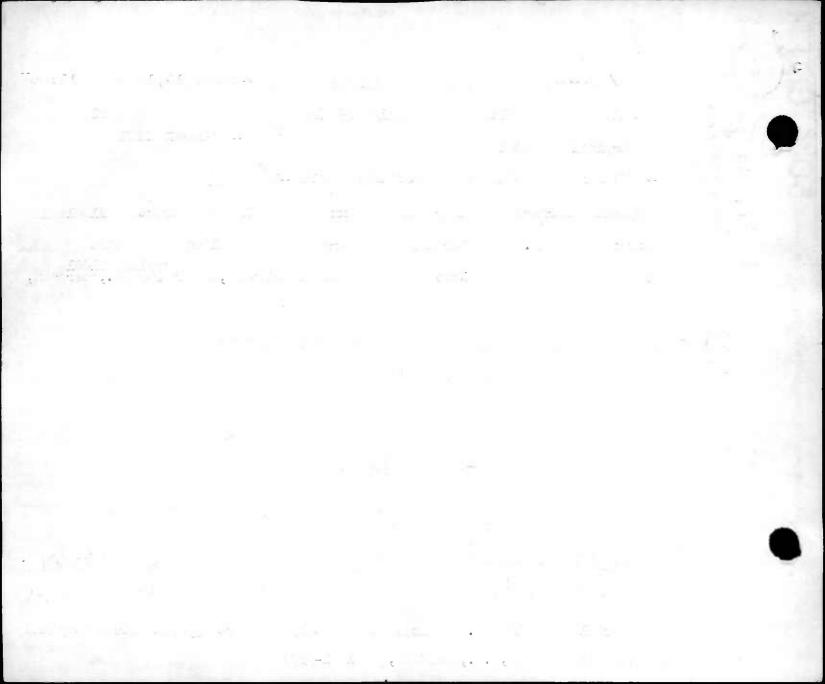
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1		REGISTRAR				CERTIF	ICATE OF DEATH		REG.	NO.			
1		CEASED NAME	FIRST		MIDDLE		LAST	20 DATE OF			DAY YEAR	2b. HO	UR
1	(TIPE		SHILA	RO	DREET	DO	REMIS	AUGU	JST	15.1	.984	11:	00 M
1	1. SEX		100000	4 RACE		5. DATE C	OF BIRTH	6. AGE (IN YE	EARS LAST	BIRTHDAY	IF UNDER I YEAR	IF UNDE	R 24 HRS
1	-	Male		White		inow	- 4 01			YRS	00	HOURS	M IP4.
7		RTHPLACE STATE OR I	FOREIGN		WHAT COUNTRY?	8 AAA DDIE	D NEVER MARRIED				TOTAL		
2		Marylan	d	USA		WIDOWE		BWLI	TMC	RE C	TTY		MD.
2	10 CI	TY OR TOWN OF DEA	ATH		HOSPITAL, NURSI		OR OTHER INSTITUTION	12a USUAL C			126 KIND O	F BUSIN	ESS OR
1		ALTIMORE		THE	JOHNS H	OPKI	NS HOSPITAL	NOI			11003111		
7	13a S	AL RESIDENCE (IF NURS	ING HOME OR	OTHER INSTITUTION	GIVE RESIDENCE BEFOR	RE ADMISSION)	113d INSIDE CITY LIMITS?	13e.STREET A	ADDRES!	S / ZIP CC	ODE		
5	100	Maryland	Harf		Aberdee		YES NO			Stree		01	
2	St. FA	THER'S NAME		MIDDLE	LAST		15 MOTHER'S MAIDEN NA	ME	MIDDLE		LAS	,	
1	(leorge		R.	Doremus	5	Mary	E	llen		Cage		
5		VAS DECEASED EVER		MED FORCES?	166 SOCIAL SEC	URITY NO.	17 INFORMANT			RESS	Jan 1 270	FO	
4	1	No.	(IF FES OIV	E WAR OR DATES!	None		Rosie McChri	stian.	L L		land 210 y St. Ab	erde	een.
	\neg	18 CAUSE OF DEAT	H (Enter on	ly ane cause per		nd (ci.)	0.1				APPROX BETWEEN	MATE INT	ERVAL D DEATH
- 1		PART I. DEATH W		D BY: [E CAUSE (a)	resn	reto	m tallung						
-		DUE TO, OR AS A CONSEQUENCE OF											
-		Canditians, if any,	which	((6)	2000	500-	-monary de	solas	B				
1		gave rise to imr	nediate	DUIS TO .01	n a c a consceni	ENICE OF	-3 ~ ;						
١		underlying cause		DUE TO, O	RAS A CONSEOU	Wurity							
1		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PAR									GIVEN IN PART 111	0	
	Z O												
ŕ	CERTIFICATION	190 DATE OF OPERA	TION	19b COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTO	PSY?		YES, WERE FINDIN		
	Ĕ							YES 🜠	NO	IN CER	TIFYING CAUSES YES []	NO	
2	CER	71g. ACCIDENT WAS UNI] 21b. TIME O			21c HOW INJURY OCCUR	, A	TURI OF IN	JURY IN ITEM	18 PART I OR PART ?)		
		OR CONTRIBUTING		Un .	M, MONTH D	AY YEAR							
	MEDICAL	21d INJURY OCCUR		21e PLACE	OF INJURY		211 LOCATION						
	M	WIDN D NOT WA	OLE	(AT HOME, SIE	REET FACTORY, OFFICE	FARM ETC)	STREET		CITY OR	TOWN	COUNTY		STATE
		22s I certify that (I)		tal) attended th	e deceased from	7	135 10 8	¥ 10	8/	15	10 84	that (1)	(we) lost
1		saw the decease	ad alive on	8/18	5/1	84.0	nd that in (my) (aur) opinian	death accurred	d an the	date and h		,	,
1		abave, (I) (we) (22b. SIGNATURE	did (did no	t) view the body	ofter death.		DEGREE				77c DATE	SIGNED	<u> </u>
		0	ایسا	Nac.	/	M	ATTENDING	MEDICAL		AFF	86	x/0	N/
+		224 PHYSICIAN'S NA	AME ITYPE O	PRINT) 44	1		22e ADDRESS	DIRECTOR [PHYS	SICIAN	1 10	00	1
		RI	E 1	villa	26		600	N. C	100	Fe S	t, Bal	h_	0-1
		SPECIFY)	REMOVAL	23b. DATE	- 13c.	NAME OF C	EMETERY OR CREMATORY	23d LOCA	TION OR TOWN		COUNTY		STATE
	<u>`</u>	Burial		17 Au	g 84 H	opewe]		Port	Dep	osit	Cecil M	and the same of	land
	24 FL	JNERAL DIRECTOR			ADDRESS			TE REC'D. BY RE	EGISTRA	AR 256 REG	ISTRAR'S SIGNAT	URE	
	T	arring Fun	eral	Home P.	A., Aberd	een, M	21001+33894	40041 4	14000	Mirdan	1- Randell		

DHMH - 16 50M 4/83

O FUNERAL DIRECTOR

(VRA 15, 4)



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the should be detached for use as the buriol-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be listed with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the medical examiner must be notified.

injury, or other troumatic event, the medical exam

FOR	
STATE	

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		REGISTRAR		CEKTIF	ICATE OF D	EAIN	REG. NO.		
1		CEASED NAME FIRST	WIDDLE		AST .		20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR	•
	(ITPE	Robe	rt V	. De	orsev		August 3,	1984 м	
	3. SE X		4 RACE	5. DATE C	OF BIRTH		6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS	
		Male	Black	MONTH 6	1	2 ⁷ 7	57 YRS		
	Ja. BIR	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT	COUNTRY? 8	D NEVER A		9 BALTIMORE CITY OR COUN		
		ryland	U.S.A			ORCED	Baltimore Ci	tv, MD.	
	10. CT	TY OR TOWN OF DEATH	11. NAME OF HOSPI	TAL, NURSING HOME (ITUTION	120 USUAL OCCUPATION	126 KIND OF BUSINESS OR	•
	В	Baltimore		COLDSPRING	G LANE	APT.	(TYPE OF WORK FOR MOST OF WORKING	LIFE) INDUSTRY	
		AL RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTION, GIVE RE				13e STREET ADDRESS	Apt. C 2121	5
5		ryland		altimore	13d. INSIDE C	NO []	2934 W.Colds		5
	14 FA	THER'S NAME	WIDDLE			MAIDEN NA	ME		1
		Thomas		orsey	Kati	FIRST	WIDDIE	Holly	
		VAS DECEASED EVER IN U.S.	ARMED FORCES? 166 S	OCIAL SECURITY NO.	17 INFORMA		ADDRESS	Apt. C	'
		ES NO OR UNKNOWN)	GIVE WAR OR DATES)	0-12-8246	Elean	ora P	. Dorsey 2934	W.Coldspring	
		18 CAUSE OF DEATH (Enter	only one couse per line fo			1	-1 /	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
4		PART I. DEATH WAS CAU	SEĎ BY: ATE CAUSE (¤)	cond	in M	ahana	to most		
		INVINED		CONSEQUENCE OF	13	77000			
1		Conditions, if ony, which	(Ib)	CONSEGUENCE OF	p.	relience	Ma.		
1		gave rise to immediate	DUE TO OP AS	CONSEQUENCE OF					
		underlying couse lost.	(6)	CONSEGUENCE OF					
1		PART 2. OTHER SIGNIFICAN	CONDITIONS CONTRI	BUTING TO DEATH BUT	NOT RELATED	TO THE TERM	IN AL DISEASE OR CONDITION G	IVEN IN PART 1 (a)	•
	CERTIFICATION		elegin -	mo	nocl	oral bami	no fuths		
5	CAT	190 DATE OF OPERATION	196 CONDITION	FOR WHICH OPERATIO	N WAS PERFO	RMED		ES, WERE FINDINGS USED	
-	RTIF							YES NO	
1	CE	21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF		JRY MONTH DAY YEAR	21c, HOW IN	JURY OCCURR	ED (ENTER NATURE OF INJURY IN ITEM 18	B, PART 1 OR PART 2)	
	CAL	OR CONTRIBUTING CAUSE OF E	ACAIT!	19					
	MEDICAL	21d INJURY OCCURRED	21e PLACE OF IN	JURY CTORY, OFFICE, FARM, ETC.)	211 LOCATIO	N	CITY OR TOWN	COUNTY STATE	
	2	AT WORK AT WORK		and the state of t			1.1.	CC -	H
		22a.1 certify that (1) (this has				19.07		, 19, that (I) (ye) lost	
1		sow the deceased alive oboy, (I) (we) (did) did	not) view the body ofter	death.	nd that in (my)	(or) opinion o	death occurred on the date and ha	our and from the causes stated	
		22b. SIGNATURE	1/1/		DEGREE		/	THE DATE SHOWED	
			4 000	inf	F		MEDICAL STAFF DIRECTOR PHYSICIAN	X/2/64	
		22d PHYSICIAN'S NAME (TYPE	E OR PRINT)		22e ADDRES		. 0 10		
		Dr. 71/0r	ton Ellin		5310	Old Co	urt Road Rana	allstown MD 2113	33
		URIAL, CREMATION, REMOVA		23c. NAME OF C			23d LOCATION CITY OR TOWN	COUNTY STATE	
	В	URIAL	8/10/84	Garri	son Fo		VA Owings Mil	ls, Md.	
	24 FU	INERAL DIRECTOR		ADDRESS			E REC'D. BY REGISTRAR 25 REGIS	STRAR'S SIGNATURE	
	Wm		H Inc. 11		a Aven	ue AU	G 8 1984 Julia	Davidson-Mandable	

C March F/H Inc. 1101 E North Avenue

DHMH-16 30M 2/80 (VRA 15, 4)

BP.

retained by the hospital or attending physician.

	1 -	FOR STATE REGISTRAR		ARTMENT OF HEALTH AND MEN CERTIFICATE OF DEA	TH REG.		8 4
B)	{ TYP	CEASED NAME Patrick		Douglass	2a. DATE OF DEATH	8/28/84	2b. HOUR
ige 4 Frector. pars off r	3. SE	* Male	White		YEAR 49 6 AGE (IN YEARS LAST	YRS.	
leath. Po		MD MD	USA	MARRIED NEVER MARI	CED Baltimore		MD
by the fu		Baltimore /	1. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE Unlices)	URSING HOME OR OTHER INSTITUT STREET ADDRESS) A B OF MI KO	PILL 120 USUAL OCCUPA (TYPE OF WORK FOR MOS	TOF WORKING LIFE) INDUSTR	OF BUSINESS OR
filled in	13a.	AL RESIDENCE (IF NURSING HOME OR O STATE USE COUNT Alle	Y 13c. CITY OF			S / ZIP CODE	502
mpletely ond 2 sh	14. F	ATHER'S NAME	IDDLE POS	15 MOTHER'S MA		Do	olan
Pages 1		WAS DECEASED EVER IN U.S. ARM (YES, NO OR UNKNOWN) (IF YES, GIVE Y	ED FORCES? 166 SOCIAL 220-	52-9685 Edward	H. Douglass - N		
physicia npapers moval.		18. CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE	BY:	b), and (c)	met.	APPRO BETWEET	XIMATE INTERVAL N ONSET AND DEATH
e death ceri attending nave carba atian, ar re troumatic e	8	Conditions, if any, which	DUE TO, OR AS A CONS	SEQUENCE OF			78.
by the at by the at se remove , crematic		gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONS	SEQUENCE OF	A. re		Top est
quires the signed I hen plea ta burial njury, ar	NO	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING	G TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE OR CO	NDITION GIVEN IN PART	lia
The law re- icion. The has been usit permit. It repeats prior show any in	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATION WAS PERFORME	D 200 AUTOPSY? YES NON	206 IF YES, WERE FIND IN CERTIFYING CAUSE YES T	
PHYSICIAN: The ending physicion this certificate be burial-transit ad Mental Hygie d ar Item 18 should be a few 18 should be a		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21b, TIME OF INJURY HOUR A.M. MONTH	1 DAY YEAR	Y OCCURRED (ENTER NATURE OF IN	JURY IN ITEM 18 PART 1 OR PART 2)	
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, C	211 LOCATION	CITY OR	IOMN COUNTA	STATE
TTENDING P pital ar otter TOR: After tl far use as the af Health and		22a.l certify that (1) (this hospito saw the decayed alive on above, (1) (we (did)) (did not)	8/28	21	apinion death occurred on the	date and hour and from th	that (I) we last
OR A e hos DIREC DIREC Dept f frem		22b. SIGNATURE Miel	we the body after death.	MD DEGREE	NDING MEDICAL ST SICIAN DIRECTOR PHYS	AFF	E SIGNED
TO HOSPITAL retained by th TO FUNERAL should be dete with the State		224 PHYSICIAN'S NAME (TYPE OR	PRINT) Let Econs	MD DATE		S. Green SK	Bar. Ma
	23a.	BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	23b. DATE	23c. NAME OF CEMETERY OR CREA	MATORY 23d. LOCATION CITY OF TOWN	COUNTY	STATE
BP DHMH - 16 50M 4/83	24 F	UNERAL DIRECTOR	08-31-84	Sunset Memorial	Cem. Cumber	land Allegan	y MD TURE
(VRA 15, 4)		James F. Scarpel		nd. MD 21502	FP O A TOWN d	to Kar Di	200

the transfer of the same of th Markey And the Committee of the Committe MARKET AND AND THE STREET, SECOND

1	FOR - STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH / REG. NO.	21290
	CEASED NAME E OR PRINT)	MIDDLE 20. DATE OF DEATH M	SY YEAR 26 HOUR
3. 51	× Male	RACE S. DATE OF BIRTH MONTH DAY YEAR 2 6 AGE IN YEARS LAST BIRTH MONTH DAY YEAR 2 52	MONTHS DAYS HOURS
70 70 8	IRTHPLACE COUNTRY! 75	CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED PARTITIONE CITY OR WIDOWED DIVORCED	MORE CITY
16 E	wtv. at	NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION JOHN PACIFIC GIVE SUFFET DIRESSI JOHN PROJECT OF THE PROJ	
130.	AL RESIDENCE HOME OR OTH STATE TO COUNTY		zip code nns/21223
14. F	ATHER'S NAME PIRST MID	DIE LAST IS. MOTHER'S MAIDEN NAME FIRST MIDDLE	LAST
I 6a	WAS DECEASED EVER IN U.S. ARME YES, NO OR UNKNOWN) IF YES, GIVE W		
	PART I. DEATH WAS CAUSED E IMMEDIATE (Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUENCE OF	unc
NO.	PART 2. OTHER SIGNIFICANT CO	nditions <u>contributing to death</u> but not related to the terminal disease or cond	TION GIVEN IN PART 110
7 4		196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY?	
9	19a DATE OF OPERATION	YES NO	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \(\bigcap \text{NO} \(\bigcap \)
MEDICAL CERTIFICATION	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIE'S MEDICAL EXAMINER) 218. INJURY OCCURRED WHILE NOT WHILE		IN CERTIFYING CAUSES OF DEATH? YES NO NO NO NOTE: NO NO NOTE: NO NO NOTE: NO NOTE: NO NOTE: NO NOTE: NO NO NO NOTE: NO NO NO NO NO NO NO NO NO NO NO NO NO
107	218. ACCIDENT WAS UNDERLYING OR OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 218. INJURY OCCURRED WHILE NOTIFY WHILE	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21l. LOCATION STREET CITY OR TOW	IN CERTIFYING CAUSES OF DEATH? YES NO NO NO NO NO NO NO NO NO NO NO NO NO
107	218. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 218. IN JURY OCCURRED WHITE NOTIFY HER AT WORK 228. I certify that (I) (this hospital saw the deceased alive an	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21l. LOCATION STREET CITY OR TOW DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN STAFF MO	IN CERTIFYING CAUSES OF DEATH? YES NO NO NO NO NO NO NO NO NO NO NO NO NO

23c. NAME OF CEMETERY OR CREMATORY

Mt. Zion Cem.

BP. DHMH - 16 50M 4/83 (VRA 15, 4)

24 FUNERAL DIRECTOR chas. Rice FSPA 1300 Eutaw Pl

23b. DATE

8-8-84

236. BURIAL, CREMATION, REMOVAL

Burial

Landsown Md. 25a. DATE REC'D his Davidson-Randale AUG

23d LOCATION

. . M.C. Harrison and Company By more Citle Calendaria . to the state of Send-ou-1992 Navad demining at ann Ber Sarryth Vertical THE RESERVE AND THE PARTY AND ASSOCIATION IN THE PROPERTY AND ASSOCIATION OF THE PROPERTY ASSOCIATION OF THE PROPERT

- STATE and 2 sh

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

30					
	REG. 1	NO.			
a	DATE OF DEATH	MONTH	DAY	YEAR	2h HOUR
		4	17	24	2
		3	1/	13 7	2

REGISTRAR			CERTIFICATE OF DES	4111	REG. NO.			
I. DECEASED NAME	FIRST	MIDOLE	LAST		20 DATE OF DEATH MO	INTH DAY	YEAR	2h HOUR
(TYPE OR PRINT)	Oliv	er T	Drury		4	8 17	84	3p
3. SEX		4. RACE	5. DATE OF BIRTH	YEAR	6 AGE LIN YEARS LAST BIRTHD.	AY) IF U	HS DAYS	IF UNDER 24 HRS HOURS MIN
male		Cancasian	5-24-	06	.18	YRS.		
70 BIRTHPLACE (STATE	OR FOREIGN	76. CITIZEN OF WHAT COUN	MARRIED DEVERMA	PRIED [9 BALTIMORE CITY OR	COUNTY OF	DEATH	
o mo		1. S. A.		RCED	Batimo	re C	Dy	M
10. CITY OR TOWN OF	DEATH	11. NAME OF HOSPITAL, NL	RSING HOME OF OTHER INSTITU	JTION	178 USUAL OCCUPATION		26 KIND C	F BUSINESS Q
Bultimore	City	University	of Maryland.	Hospital	Soutation K	Rest.	150	et te
USUAL RESIDENCE (IF N	URSING HOME	DR OTHER INSTITUTION, GIVE RESIDENCE I		LIANTS2	13e STREET ADDRESS / Z	ID CODE		
MD	1,00	Bat		10 🗌	1206 Glyn	1	re	2/22
14 FATHER'S NAME	"	MIDOLE LAST	15. MOTHER'S M	AIDENNAM	NE MIDDIE		-	
PIRSI	!	Dour	y FIR:	7			? 145	"
160 WAS DECEASED EV		RMED FORCES? 166 SOCIAL	SECURITY NO. INFORMANT	0.	ADDRESS		0	2122
de transfer	9	215	10 2172 Mariel	4.	Gunham 1	206 2	Slynd	n Are.
18 CAUSE OF DE		only one couse per line for (a), (b	o, and (c)	0	1.		BETWEEN	MATE INTERVAL ONSET AND DEATH
PARTI. DEATE		ATE CAUSE 10) CATOL	opulmonary	Arre	257		96	mins
		DUE TO, OR AS A CONS	EQUENCE OF		0 0 1-	10		
Conditions, if a		(1b) /Ne49	Static Can	cer	of undeterv			
cause (a), st	oting the	DUE TO, OR AS A CONS	EQUENCE OF		Origi.	n		
underlying ca	use last	(c)						
	IGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO	THE TERMI	NAL DISEASE OR CONDIT	ION GIVEN I	N PART 1	0
2 000	1.70.06	10 0 1	Car Car A - Sta	et an	200 De O 500 S	orr Lia		

Previous (R) Cerebral Vascu	les Accident,	My.	ocarl	ial Dr	Sarction	
90 DATE OF OPERATION	196. CONDITION FOR WHICH OPE		V	200 AUT	OPSY?	206. IF YES, WERE F	
				YES 🗌	NO	YES 🗌	NO [
21- ACCORENT WAS HADERIVING TO	215 TIME OF INTITION	21, HOW INTURY OCC	CLIDDEC	/			m 2 (6)

HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION COUNTY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN

AT WORK NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from that (1) (we) last

saw the deceased alive on above, (1) (we) (did) (did not) view the bady after death.	19, and that in (my) (our) opinion deatl	a accurred on the date and hour and from the causes stated
27b. SIGNATURE	DEGREE	22c DATE SIGNED

ATTENDING MEDICAL STAFF
DIRECTOR PHYSICIAN PHYSICIAN 22d PHYSICIAN'S NAME (TYPE OR PRINT)

Brad erner

1	22e ADDRESS	200			- (
	Umr	70	ond	Hos	artal

COUNTY

STATE

FUNERAL DIRECTOR

CERTIFICATION

MEDICAL

236. DATE

230 BURIAL, CREMATION, REMOVAL

NAME OF CEMETERY OR CREMATORY

BY REGISTRAR 256. REGISTRAR'S SIGNATURE Felia Savidson-Randall

DHMH - 16 50M 4/83 (VRA 15, 4)

BP

TO FUNERAL DIRECTOR: After this certificate has their should be detached for use as the burial-transit permit with the State Dept. of Health and Mental Hygiene pre-

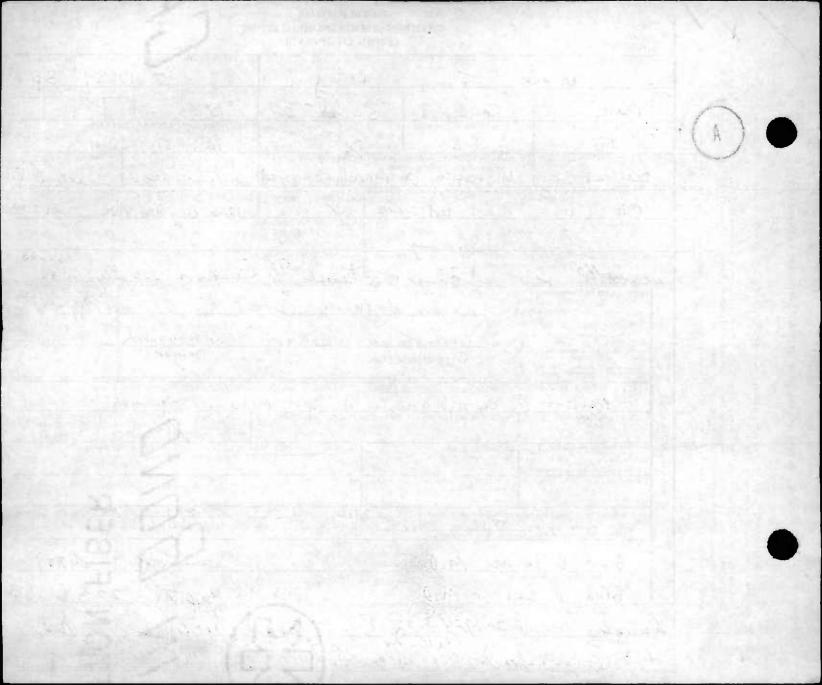
etoined by the hospital or ottending physician.

OR ATTENDING PHYSICIAN: The

HOSPITAL

marked or Item 18 shows

MPORTANT: If Item 21 is



signed by the attending physician and campletely filled in by the the physics remove corbon papers. Pages 1 and 2 should be filled the physical removal commonly.

m is those any injury, or other troumatic event, the

		FOR
1	-	STATE
		DECKTOLD

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	Jan. 1	1.3	3	1
6-4	2	1 4	1	-

	' -	REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO.			
		CEASED NAME FIRST	MIDDEE	-	AST	20. DATE OF DEATH MO	NTH DAY YEAR	2b. HOUR	D
	TYPE	Hazel Hazel	D	uke		August 5	1984	8:20	D MP
	3. SEX		4 RACE	S. DATE C		6 AGE (IN YEARS LAST BIRTHDA	MONTHS DAYS	IF UNDER 24 HOURS	MRS.
		Female	White	MONTI	29 15-	68	YRS.	HOURS	Wild
	Ja Bil	RTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8.	П. исиса и казиса П	9 BALTIMORE CITY OR C	OUNTY OF DEATH		
5	· ·	Maryland	U.S.A.	WIDOW	D NEVER MARRIED DIVORCED	Baltimore	City		MD.
		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN			17a USUAL OCCUPATION		F BUSINES	SOR
0		altimore /	Belair Convai		ium	Waitress, Mg		aurant	t
4	USUA 13a S		OTHER INSUITUTION, GIVE RESIDENCE BEFORE		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / ZI	IP CODE		
1		Maryland P	Baltimo	re	YESX NO	7820 Wilson	Ave 21	234	
2	I4 FA	THER'S NAME FIRST	MIDDLE LAST		15 MOTHER'S MAIDEN NA	ME MIDDLE	LAS	51	
0	1	Stanley	Miller		Bertha		Sherm	an	
_		(IF YES, GIV	MED FORCES? 166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRESS			
2	('	no no or unknown) (IF TES, GIV	220-07-	2909	Diania Merso	on 7820 Wil		21234	
	NOI	PART I. DEATH WAS CAUSE IMMEDIA' Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO I	NCE OF SCE SCE SPICE OF	MYOCA ARTERIOS VASCULAR	PROJAC I	NFARCTI	0	
7	CERTIFICATI	THE DATE OF OPERATION	IN CONDITION FOR WHICH	OPERATIO	IN WAS PERFORMED		ON IF YES, WERE FINDS OF CERTIFYING CAUSES YES		•
7		THE VECTORING MYSTINGHALLAND [HOUR A.M. MONTH D	AY YEAR		RED TENTER HAD THE OF PRINTED PO	INTER SECTION PROFILED TO		
-	MEDICAL	THE POLICE CONTROL CON	THE PLACE OF BAJLERY LATPONE DIRECT FACTORS OFFICE.	•/*.(1C)	ZII. LOCATION	0 /5 /0 /	COUNTY	Ma	11
		sow the deceased flight a above, (I) (see) (didented to	atol oftended, the deceased from 8/4/84 19 of wear the body after dooth		nd that in imy) (out) opinion DEGREE ATTENDINGX	death accurred on the date MEDICAL X STAFF DIRECTORY PHYSICIAN	and hour and from the		
		buis E. Ri	ivera,M.D.		THE ADDRESS 54 S	cott Adam I eysville,Ma	Road / /	1030	
	73n B	URIAL CREMATION REMOVAL	13% DATE 12% 2	NAME OF C	CEMETERY OR CREMATORY	THE LOCATION			

TO FUNERAL DIRECTOR hould be detache ith the State Dep MPORTANT, If Is

DHMH - 16 50M 4/83 (VRA 15, 4)

Burial 8/9/84 Lakeview Memorial

CITY OR TOWN

24 FUNERAL DIRECTOR

Alan Seitz,

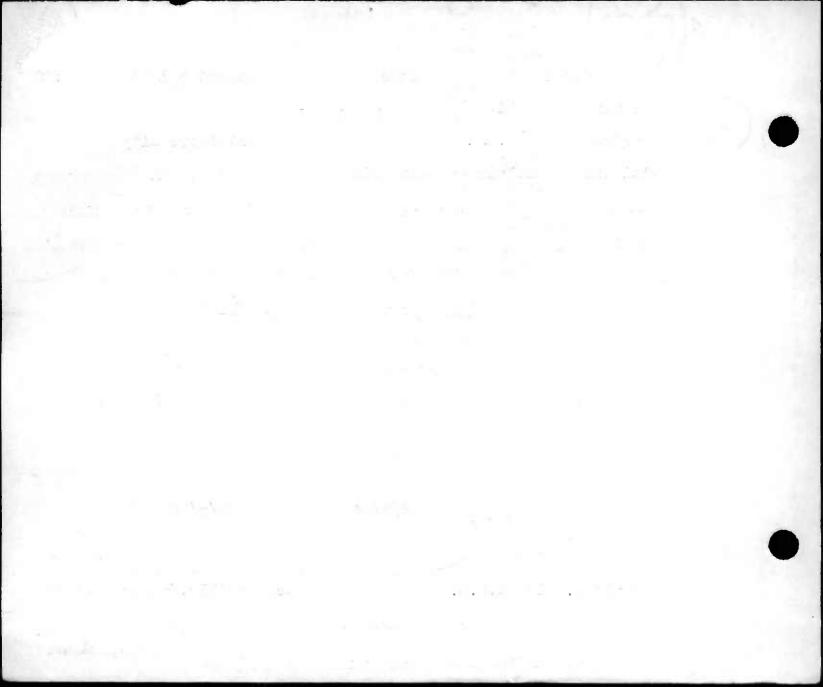
3818 Roland Ave.

Sykesville Md

BY REGISTRAPISH REGISTRAPS SECRETURE

TO A GUILLE DAVIDOR APPOSITE

STATE



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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director. Is should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 hours offer with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

& B ~

1	100			OF MARYLAND		01093
1-	FOR STATE REGISTRAR	DEPAR		ALTH AND MENTAL HY CATE OF DEATH	REG. N	40
	CEASED NAME FIRST	WIDDLE	LA	si	20. DATE OF DEATH	
(TYPE	HYAT	TA	Du	CE sr	C	8 16 84 10
3. SEX	× • • • • •	4. RACE	5. DATE OF	BIRTH YEAR	6. AGE (IN YEARS LAST B	RTHDAY) IF UNDER 1 YEAR IF UNDER 24 H
	Male	there.	68	10 11	.12	YRS.
	RTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT COUNTR	MARRIED	NEVER MARRIED	1200	OR COUNTY OF DEATH
10 (1	Maryland ITY OR TOWN OF DEATH	U.S.A.	SING HOME OF		12a. USUAL OCCUPAT	A
	Baltimore	Sol4 Day Ver	FAUE/ &	3allo 21206		tigatorst. MD.
130. S Ma	aryland 136. COL	ROTHER INSTITUTION GIVE MAIDENCE BEI INTY 136. CITY OR TO Balti	more	13d. INSIDE CITY LIMITS?		iew Ave 21206
14. FA	ATHER'S NAME FIRST R	MIDDLE LAST		IS. MOTHER'S MAIDEN NA	atherine C	
	VAS DECEASED EVER IN U.S. A		CURITY NO.	Mrs. Nettie	C Duke 5614	Mayview Ave 21206
	18. CAUSE OF DEATH (Enter of	only ane cause per line for (a), (b),		()	. ^	APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
	PART I. DEATH WAS CAUS	ATE CAUSE (O) LIENE	and	/lane	cll	
		DUE TO, OR AS A CONSE	OUENCE OF			
	Conditions, if ony, which	DUE TO, OR AS A CONSE	JUENCE OF			
	gove rise to immediate couse (a), stating the	(0)	2010105			
	underlying cause last.	DUE TO, OR AS A CONSEC	DUENCE OF			
z	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING 1	O DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CO	NDITION GIVEN IN PART 110
CERTIFICATION	190 DATE OF OPERATION	196, CONDITION FOR WHI	ICH OPERATION	WAS PERFORMED	Zão AUTOPSY?	20b. IF YES, WERE FINDINGS USED
FIC	DATE OF GLERATION	The condition of the same	ien or Emanior	THO PERIORIES	YES - NOX	IN CERTIFYING CAUSES OF DEATH?
4 8	210. ACCIDENT WAS UNDERLYING			21c. HOW INJURY OCCU		URY IN ITEM TO PART I OF PART 2)
1	OR CONTRIBUTING CAUSE OF D		DAY YEAR	17		
MEDICAL	21d. INJURY OCCURRED	210. PLACE OF INJURY		211 LOCATION	CITY OR T	OWN COUNTY STATE
8	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFI	CE, FARM, ETG }	SINGET		
	220.1 certify that (1) (this has	pital) attended the deceased fro	m	13 19 9	+ 10 8/16	, 19, that (I(we)
	saw the decased olive a above, (I) (we) (did) (did)	nat) view the bady after death.	9 94 , one	that in (my (our) pinior	n death accurred on the	date and hour and from the causes stated
	22b. SIGNATUR	00 - 000	0	EGREE	445DIC - 11	221. DATE SIGNED
	encta	ellere MX_)	ATTENDING PHYSICIAN	DIRECTOR PHYS	
	22d. PHYSICIAN'S NAME (TYPE	OR PRINT)		22e. ADDRESS		12300 Delaney Vol
	truk	UER		stellarion	is Hospice/	Poloto, ma 2120
230.	BURIAL, CREMATION, REMOVA	1 23b. DATE	30 NAME OF CE	METERY OR CREMATORY	23d. LOCATION	tt City COUNTY Md/ STATE
	(SPECIF Burial .	3 8/20/84	MGSGOMI	ridge Mem Pk.	TITICO	O OT DA COLLEGE

250. DATE REC'D. BY REGISTRAR'SS. REGISTRAR'S SIGNATURE AUG 20 404 Julia Davidson-Randelle

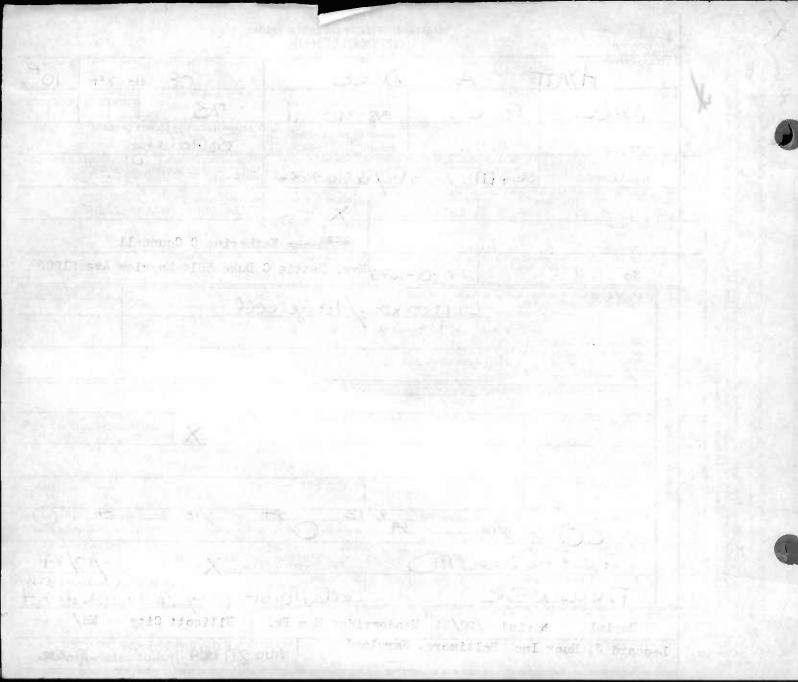
Leonard DIRECTOR

Ruck Inc

Baltimore,

Maryland

retained by the hospital or attending physician.



V	1 -	FOR STATE REGISTRAR PEARL DOT		MENT OF H	E OF MARYLAND BEALTH AND MENTAL HYG FICATE OF DEATH	IENE A	2 1	2.3	9 4
	1. DECEASED NAME FIRST MIDDLE (TYPE OR PRINT)				LAST	20. DATE OF DEATH	MONTH DAY	/	26. HOUR
		PEARL	DOUGHTERY	Du	WEAN		8 11	84	BAM
100	3. SE		4 RACE	5. DATE O	H DAY YEAR	6 AGE (IN YEARS LAST BIR	THDAY) IF U	NDER 1 YEAR THS DAYS	IF UNDER 24 HRS HOURS MIN.
		MALE	WHITE	7,	/12/1923	61	YRS.		
105	(IRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIE	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF	DEATH	
\$0.00	-	ST VIRGINIA	U.S.A.	WIDOW		BALTIMORE			MD.
19-	200	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET OF A TOW MEAN		OR OTHER INSTITUTION	(TYPE OF WORK FOR MOST C	F WORKING LIFE)	INDUSTRY	BUSINESS OR
\$ 10	USU	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION, GIVE RESIDENCE BEFORE	ADMISSION)	CENTER	SALESPERSO		RETAI	
RA		RYLAND 136 COUR	BALTIMO		13d. INSIDE CITY LIMITS?	13. STREET ADDRESS		יויפיפטיוי	21230
ine	14. FA	ATHER'S NAME			15. MOTHER'S MAIDEN NA	WE	TACALLA		21230
建20		KEAS A	LLEN DOUGH	ERY	MARGARET	MIDDLE		DUR	KTN
00		WAS DECEASED EVER IN U.S. AR		RITY NO.	17 INFORMANT	AD (87)	TS. CH		STREET
med	(YES NOOR UNKNOWN) (IF YES, GI	227.28.	1666	REV. HAROLD W				
r other troumotic e		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c)			V			
ıry. or	7	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART Ita	
aws ony inju	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, W IN CERTIFYIN YES	G CAUSES	
Hem 18 sh		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		AY YEAR	21¢ HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART	OR PART 7]	
marked or	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE, F	ARM ETC)	211. LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
21 is		saw the deceased alive or ove (I) (we) (did) (did no	italy trended the deceosed from	_	nd that in (my) (our) opinion (, to death occurred of the de	ote and hour or	d from the c	
NT: # Rem		27h SIONATURE	to feed or	.F.	ATTENDING PHYSICIAN	MEDICAL STAL		8/13	3 84-
MPORTANT		WLIAN	W. REFO		61(5, CH	AS ST, -	BACK	5 Mo	7030

DHMH - 16 50M 4/83

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physic should be detached for use as the buriol-transit permit. Then please remove corban paper with the State Dept, of Health and Mental Hygiene prior ta buriol, cremotion, ar removal.

24 FUNERAL DIRECTOR WALTER BROOKS BRADLEY, INC. DUNDALK, MD. 21222 (VRA 15, 4)

23b. DATE

8/13/1984

230. BURTÁL, CREMATION, REMOVAL (SPECIFY)
CREMATION

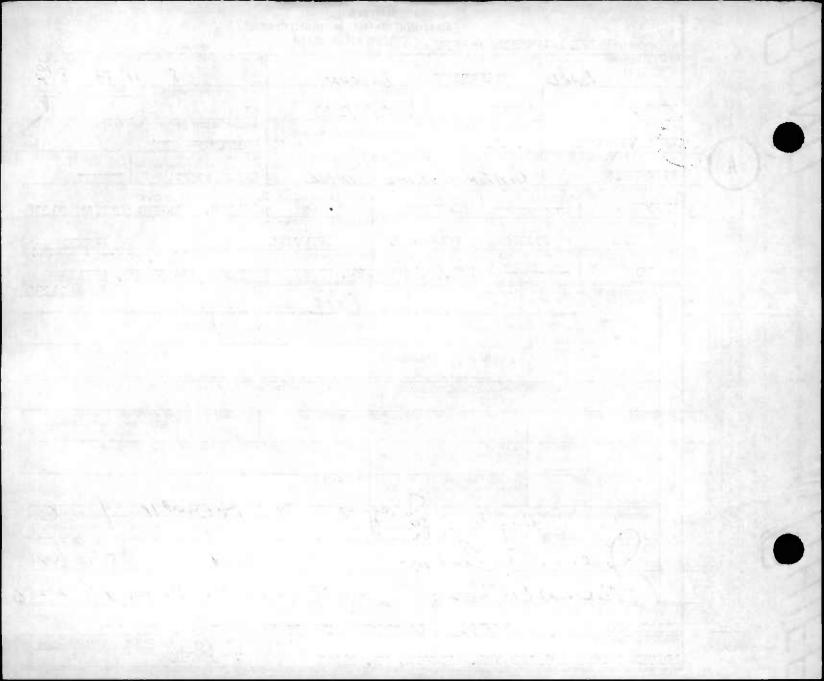
234 LOCATION CITY OF TOWN MARYLAND

25L REGISTRAR'S SIGNATURE GREEN MOUNT CREMATORY BALTIMORE,

1250 DATENSC 1 BY REGISTRAR 25

COUNTY

STATE



requires that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN, The low retained by the hospital or attending physician.

FOR STATE REGISTRAR			STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIE CERTIFICATE OF DEATH						
ECEASED NAME	FIRST	MIDDLE	LAST 20						

1 -	REGISTRAR				CERTIF	CATE OF DE	ATH	R	EG. NO.			
	E ASED NAME	FIRST	N	MDDLE	L	AST		DATE OF DE	ATH MONTH	DAY YEAR	26 HOUR	A
(TYPE	ORPRINT) 5	OPHIF	+	8.	I	DURDE	N		8	11 84	3:00	M
3. SE)			RACE	•	5. DATE O	FBIRTH		AGE (IN YEARS	LAST BRTHDAY)	IF UNDER TYEA		
	FEMALE	(LAUCA	SIAN	mg/t	27	22	62	YR:		HOURS	MIN.
	RTHPLACE (STATE OR FOR	REIGN 7b.	CITIZEN OF V	WHAT COUNT	MARRIE	D NEVER MA	BBIED 7			NTY OF DEATH		
1200 1 1000 11100 1 11 1 11				WIDOWE	D DIVO	re (ity		MD.				
Baltimore 11. NAME OF HOSPITAL, NURS (IF MOT IN SUCH SCHITY, GIVE SIRE GOOD SAMARLE				REET ADDRESS)	NG HOME OR OTHER INSTITUTION TADDRESS TO SPITAL			120. USUAL OCCUPATION NYPEOF WORK FOR MOST OF WORKING LIFE U. 9. GOVE Social Security Adm				
USUA 13a S	AL RESIDENCE HE NURSIN	G HOME OF OTH	ER INSTITUTION	GIVE RESIDENCE BE	FORE ADMISSION)	113d. INSIDE CITY	LIANITS2 113	e. STREET ADD	DESS		Retire	and a
194. 0	M.	38 COOM11		Balto	OWN		0 🗆		outhern	Ave -2	1206	ac
4. FA	THER'S NAME	es we	is a	LAST		15. MOTHER'S M			IDDLE		AST	H
	John.	H. We	endt			2	dna					0
	41	U.S. ARMEI			- 3202	Mr. Joh	0 4	rderson	Sn =	Balto.	thorn 1	
-	No					4		200 400.0		APPRO	XIMATE INTERVA	
	18. CAUSE OF DEATH PART I. DEATH WA	S CAUSED B	Y: <	SMAIL	OCI	(()	RCIN	AMA	OF	BETWEE	NONSET AND DE	AIH
	(A	MMEDIATE C		JI IK C	COL	9	110	0/111			-	FI
н	DUE TO DR AS A CONSCOULENCE OF LIAN G						on) Ma	nll			
	Conditions, if any, s gave rise to imme cause (a), stating underlying cause	diate	DUE TO, OR	AS A CONSE	QUENCE OF	7.	Total V			5,7	77 -0,	711
7	PART 2. OTHER SIGNI	FICANT CON	NDITIONS CC	NTRIBUTING	TO DEATH BUT	NOT RELATED TO	THE TERMINA	AL DISEASE OF	RCONDITION	GIVEN IN PART	Ito	_
10									. Inc. in			
CERTIFICATION	19a DATE OF OPERATION	ON	196. CONDI	TION FOR WH	ICH OPERATIO	N WAS PERFORA	AE D	20a AUTOPSY		YES, WERE FIND RTIFYING CAUSE YES T		?
	21g. ACCIDENT WAS UNDER		216. TIME OF	FINJURY	DAY YEAR	21c. HOW INJU	RY OCCURRED		7	18 PART 1 OR PART 2)		
N N	(IF EITHER NOTIFY MEDICA		P./		19							
MEDICAL	21d. INJURY OCCURRE	D	21e. PLACE C	OF INJURY	CC 2104 57C \	211. LOCATION		CI	TY OR TOWN	COUNTY	STAT	TE.
Z	WHILE NOT WHILE	E 🔲	(AI HOME, SIRI	EET, PACIONT, OFF	Z A	2	011	0	- 11	011		
	22s.1 certify that to (1	this hospital)	attended the	deceased fro	m July	1)	19 04	, 1a ()W	9	19 07	, that (I) (we	Wast
	saw the deceased abave, (I) (we) (did	olive an_	iew the Hody	after death.	9 504 , on	that in (my) (ச) apinian dec	ath occurred ar	he date and	haur and fram th	e causes state	rd
	226. SIGNATURE	100	1	A .		DEGREE				22c. DA1	ESIGNED	
	7	ebal	IN U	D				MEDICAL. DIRECTOR []	STAFF	81	11184	
	224 PHYSICIAN'S NAM	AE (TYPE OR PR	INT)	10		224. ADDRESS	- 11	11.71	1 112	DITAL	1	
	L. CE	BALL)S 1	10		(400)	SHM	HRIIHI	N HOS	SPIIAC	_	
	SPECIEV)		23b. DATE		31. NAME OF C	EMETERY OR CR	EMATORY	23d. LOCATIO	NO NWO	COUNTY	STAT	TE
	(remati	on	8-13-	84	Greenm	ount (re	matory	Ba	Lto. Md			

BP DHMH - 16 50M 4/82

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and campletely filled in by the fi should be detached for use as the burial-transit permit. Then please remove carbon popers. Pages 1 and 2 should be filled with with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, or removal.

IMPORTANT: If hem 21 is morked or hem 18 shows any injury, ar ather traumatic event, the

medical exa

(VRA 15, 4)

John C. Miller Inc-6415 Belair Rd. -21206

Greenmount (rematory Balto. Mt.

250. Date Rec'd. By Registrar & Registrar's Signature
AUG 1 4 1984 Sun Davidson Andree

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2222 201, 100 6668

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ohn . iller Inc !!! olair 16 -2125

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or ottending physician.

STATE OF MARYLAND FOR - STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEPTIFICATE OF DEATH

2 1 2 9

1.1		REGISTRAR		CERTIFICATE OF	DEATH	REG. NO.		
		CEASED NAME JUNE	John Thoma:	s Dupperm,	Jr. Au		DAY YEAR	6 H Cal
) [B. SEX	nale	white	May 10,	1 9 8 4	E IN YEARS LAST BIRTHDAY) YR		FUNDER 24 HES HOURS AHL
35	THE BIF	RTHPLACE (STATE OR FOREIGN OUNTBY)	76. CITIZEN OF WHAT COUN	MARRIED LI NEVER	MARRIED 9. BA	LTIMORE CITY OR COUN	OF DEATH	M
]]]	10. CI	WORDOWN OF DEATH	11. NAME OF HOSPITAL, NU (IF NOT IN SUCH PAULITY, GIVE)	URSING HOME OR OTHER INS		OF WOOD OF WORKING N / A		OF BUSINESS OF
	13a S	TATE MALCO	E OR OTHER INSTITUTION, GIVE REIDENCE 136. CITY OF THE Arundel Hart	mans YES	NOK	TREET ADDRESS / ZIP CO	aling K	d.21077
20	1		THO C	т	S MAIDEN NAME		ırkman	51
2 medicol	(4	VAS DECEASED EVER IN U.S. ES, NO OR L'INKNOWN) (IF YES,	ARMED FORCES? 16b SOCIAL GIVE WAR OR DATES) N/	A Mr. C	(Fathe	r) Ourm, Sr.	Same as	#13
r, or ather traumatic eve		Conditions, if any, which gove rise to immediate cause Ia1, stating the underlying cause last	DUE TO, OR AS A CONS (b) DUE TO, OR AS A CONS (c) IT CONDITIONS CONTRIBUTING	SEQUENCE OF DUSSING S	an cha	logy	GIVEN IN PART 1	0'
Continui Augusta	CERTIFICATION	190 DATE OF OPERATION		HICH OPERATION WAS PERFO	ORMED 200	a AUTOPSY? 20b. IF	YES, WERE FINDI RTIFYING CAUSES YES	NGS USED
shem 18 she		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR A.M. MONTH	DAY YEAR	NJURY OCCURRED (1	ENTER NATURE OF INJURY IN ITEM	18 PART I OR PART 2)	
rked or I	MEDICAL	21d, INJURY OCCURRED WHILE AT WORK AT WORK	21e. PLACE OF INJURY LAT HOME, STREET, FACTORY, OF	FFICE, FARM, ETC.)		CITY OR TOWN	COUNTY	STATE
a 21 is mo		saw the deceased alive	an May 1 S not) view the body alter death.	19, and that in (my) (aur) apinion death	accurred on the date and	2, 19, have and from the	that (1) (we) las causes stated
±		226. SIGNATURE D. AMOULE	UMA		PHYSICIAN DIRE	DICAL STAFF ECTOR PHYSICIAN	221. DATE	SIGNED
IMPORTANT: H		AMMUL	L MD	22e ADDRE	But 9 1	mayland b	sp.	
4		URIAL, CREMATION, REMOV SPECIFY) Burial		23c. NAME OF CEMETERY OR 4Meadowridge	Mem.Prk	LOCATION CITY OF TOWN Elkridge D. BY REGISTRAR 256. REC	Howard	Md.
		INERAL DIRECTOR						

DHMH - 16 50M 4/83 (VRA 15, 4)

BP

thinking of the last liber.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs ofter death. Page

retained by the haspital or attending physician

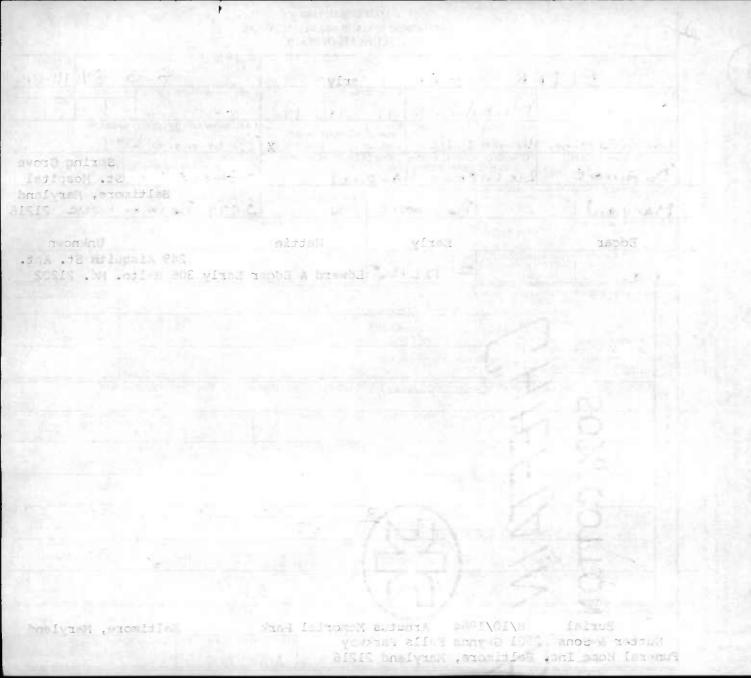
TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician and campletely filled in by the funeral director should be detached far use as the burial-transit permit. Then please remave carbanpapers. Pages 1 and 2 should be filed within 72 hours aftiwith the State Dept. of Health and Mental Hygiene priar to burial, cremation, ar remaval.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENER

	REGISTRAR		CERTIF	FICATE OF DEATH	REG. N	0.		
	ECEASED NAME FIRST	MIDDLE		LAST	20. DATE OF DEATH	MONTH DAY	YEAR 2b.	HOUR
Jitte	ELIF	R Mae		Early		8 3	84 11	1:45
3 SE	X	4 RACE		OF BIRTH	6. AGE (IN YEARS LAST BE		NOER I YEAR IF U	INDER 24 I
	FEMALE	Black Amer	rican	LO 19	64	YRS	HS. DAYS HO	URS A
70. B	BIRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT CO	DUNTRY? 8	D NEVERMARRIED	9. BALTIMORE CITY		DEATH	
N	orth Carolina	United State	MARRIE WIDOW		Baltini	ire Cit	H	
	TITY OR TOWN OF DEATH	11. NAME OF HOSPITAL	, NURSING HOME	OR OTHER INSTITUTION	120 I SUAL OCCUPAT	ION I	N KIND OF BU	SINESS
1	Dattimore.	Luthera	1	o Hà l	Nurses Ai	de Serving Life)	t. Hosp	ita
USU	JAL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION, GIVE RESIDE	ENCE BEFORE ADMISSION			Baltimo		
	STATE 136 COUR	NIA BELLIA	1 timore	YES NO 1	130. STREET ADDRESS	elmon		
_	ATHER'S NAME	1:00		IS MOTHER'S MAIDEN NA		21111011	. ,	- 21
	Edgar	MIDOLE	arly	Hattie	MIDDLE		Unkno	La TREPO
160.	WAS DECEASED EVER IN U.S. AR		IAL SECURITY NO.	17. INFORMANT	ADD	656 Adam	ith St.	
	TYES, NO OR UNKNOWN) THE YES, GIV	VE WAR OR DATES) 21"	7221515					
	no			Edward & Edg	ar Early 30	b Balto.		
	18. CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE		a), (b), and (c).)	1			BETWEEN ONSET	AND DE
			20/10/11/10/20	nom 91103				
	Test Test	DUE TO, OR AS A CO	DISEQUENCE OF			7	2	11
	C. to: 16 111						100.00	
	Conditions, if ony, which	(d)	TIME				7 mon	145
	gave rise to immediate couse (a), stating the	DUE TO OR AS A CO	CTISTICE OF				71000	145
	gave rise to immediate	DUE TO, OR AS A CO	ONSEQUENCE OF				71001	745
	gave rise to immediate cause (a), stating the	(c)		I NOT RELATED TO THE TERM	ninal disease or con	IDITION GIVEN I		745
NO	gave rise to immediate couse (a), stating the underlying couse last	(c)		T NOT RELATED TO THE TERM	ninal disease or con	IDITION GIVEN I		745
CATION	gave rise to immediate couse (a), stating the underlying couse last	(c)CONDITIONS CONTRIBUT	TING TO DEATH BUT	T NOT RELATED TO THE TERM	NINAL DISEASE OR CON	20b. IF YES, W	N PART Ita	USED
rification	gave rise to immediate couse (c), stating the underlying couse last. PART 2 OTHER SIGNIFICANT ((c)CONDITIONS CONTRIBUT	TING TO DEATH BUT		200 AUTOPSY?	20b. IF YES, WI	N PART Italian ERE FINDINGS G CAUSES OF I	USED
CERTIFICATION	gave rise to immediate couse (c), stating the underlying couse last. PART 2 OTHER SIGNIFICANT (CONDITIONS CONTRIBUTION FO	TING TO DEATH BUT		20a AUTOPSY? YES NO	20b. IF YES, WIN CERTIFY INC	N PART ITO	USED DEATH?
AL CERTIFICATION	gave rise to immediate couse (a), stating the underlying couse last. PART 2 OTHER SIGNIFICANT (19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE.	CONDITIONS CONTRIBUTE 19b. CONDITION FO 21b. TIME OF INJURY HOUR A.M. MOI	TING TO DEATH BUT R WHICH OPERATION	DN WAS PERFORMED	20a AUTOPSY? YES NO	20b. IF YES, WIN CERTIFY INC	N PART ITO	USED DEATH?
	gave rise to immediate couse (a), stating the underlying couse last. PART 2 OTHER SIGNIFICANT (19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DELIFIER NOTIFY MEDICAL EXAMINE)	CONDITIONS CONTRIBUTE 19b. CONDITION FO 21b. TIME OF INJURY HOUR A.M. MOI P.M.	R WHICH OPERATION NTH DAY YEAR	21c. HOW INJURY OCCUR	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJURE)	20b. IF YES, WIN CERTIFY IN YES	IN PART 11g. ERE FINDINGS G CAUSES OF E NO OR PART 21	USED DEATH?
MEDICAL CERTIFICATION	gave rise to immediate couse (o1), stating the underlying couse last. PART 2 OTHER SIGNIFICANT (1) 190 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DELIF EITHER NOTIFY MEDICAL EXAMINE! 21d. INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMINE!	CONDITIONS CONTRIBUTE 19b. CONDITION FO 21b. TIME OF INJURY HOUR A.M. MOI	R WHICH OPERATION THE DAY YEAR	DN WAS PERFORMED	20a AUTOPSY? YES NO	20b. IF YES, WIN CERTIFY IN YES	N PART ITO	USED DEATH?
	gave rise to immediate couse (a), stating the underlying couse last. PART 2 OTHER SIGNIFICANT (1) 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DELIF EITHER NOTIFY MEDICAL EXAMINE! 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	CONDITIONS CONTRIBUTE 19b. CONDITION FO 21b. TIME OF INJURY HOUR A.M. MOI P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTOR	R WHICH OPERATION NTH DAY YEAR 19 RY, OFFICE, FARM, ETC.)	216. HOW INJURY OCCUR	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJURE)	20b. IF YES, WIN CERTIFY IN YES	N PART 1(g) ERE FINDINGS: G CAUSES OF [] NO OR PART 21	USED DEATH?
	gave rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT (190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE. IF EITHER NOTIFY MEDICAL EXAMINE! 21d. INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMINE! AT WORK AT WORK 220.1 certify that (1) (Files haspended)	CONDITIONS CONTRIBUTE 19b. CONDITION FO 21b. TIME OF INJURY HOUR A.M. MOI P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTOR	R WHICH OPERATION NTH DAY YEAR 19 RY, OFFICE, FARM, ETC.)	216. HOW INJURY OCCUR 211. LOCATION STREET	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJUNCTION TO	20b. IF YES, WIN CERTIFY INI YES THE TITLE OF THE TITLE O	IN PART ITO	USED DEATH? O STAT
	gave rise to immediate couse (a), stating the underlying couse last. PART 2 OTHER SIGNIFICANT (190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE. LIFE EITHER NOTIFY MEDICAL EXAMINET (21d. INJURY OCCURRED AT WORK AT WORK AT WORK AT WORK ON THE COURSE OF THE COURSE O	21b. TIME OF INJURY HOUR A.M. MOI P.M. 21e. PLACE OF INJUR (141 HOME, STREET, FACTOR 21b. 1 attended the decease	R WHICH OPERATION NTH DAY YEAR 19 RY RY, OFFICE, FARM, ETC.)	216. HOW INJURY OCCUR	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJUNCTION TO	20b. IF YES, WIN CERTIFY INI YES THE TITLE OF THE TITLE O	ERE FINDINGS G CAUSES OF D OR PART 2) COUNTY A that d fram the cause	USED DEATH? O [] STATI
	gave rise to immediate couse (a), stating the underlying couse last. PART 2 OTHER SIGNIFICANT (19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE. IF EITHER NOTIFY MEDICAL EXAMINE AT WORK AT WORK AT WORK Sow the deceased alive on sow the deceased olive on some statements.	21b. TIME OF INJURY HOUR A.M. MOI P.M. 21e. PLACE OF INJUR (141 HOME, STREET, FACTOR 21b. 1 attended the decease	R WHICH OPERATION NTH DAY YEAR 19 RY RY, OFFICE, FARM, ETC.)	211. LOCATION SIREET 211. LOCATION ON THE TOTAL PROPERTY OF THE T	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJU CITY OR TO deoth occurred on the d	20b. IF YES. WIN CERTIFY INITY IN ITEM IS PART I	IN PART ITO	USED DEATH? O STAT
	gave rise to immediate couse (a), stating the underlying couse last. PART 2 OTHER SIGNIFICANT (190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE. LIFE EITHER NOTIFY MEDICAL EXAMINET (21d. INJURY OCCURRED AT WORK AT WORK AT WORK AT WORK ON THE COURSE OF THE COURSE O	21b. TIME OF INJURY HOUR A.M. MOI P.M. 21e. PLACE OF INJUR (141 HOME, STREET, FACTOR 21b. 1 attended the decease	R WHICH OPERATION NTH DAY YEAR 19 RY RY, OFFICE, FARM, ETC.)	211. LOCATION SIREET 19 10 11 11 11 11 11 11 11 11 11 11 11 11	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJUNCTION TO	20b. IF YES, WIN CERTIFY INI YES THE TITLE OF THE TITLE O	ERE FINDINGS G CAUSES OF D OR PART 2) COUNTY A that d fram the cause	USED DEATH? O [] STATE
	gave rise to immediate couse (a), stating the underlying couse last. PART 2 OTHER SIGNIFICANT (190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE. LIFE EITHER NOTIFY MEDICAL EXAMINET (21d. INJURY OCCURRED AT WORK AT WORK AT WORK AT WORK ON THE COURSE OF THE COURSE O	21b. TIME OF INJURY HOUR A.M. MO P.M. 21e. PLACE OF INJUR (141 HOME, STREET, FACTOR (21) ottended the decease (21) view the body after dea	R WHICH OPERATION NTH DAY YEAR 19 RY RY, OFFICE, FARM, ETC.)	216. HOW INJURY OCCUR 211. LOCATION SIREET 21 19 nd that in (my four apinian DEGREE ATTENDING	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJUNE CITY OF TO deoth occurred on the december of the december o	20b. IF YES, WIN CERTIFY INI YES THE TITLE OF THE TITLE O	ERE FINDINGS G CAUSES OF D OR PART 2) COUNTY A that d fram the cause	USED DEATH? O STAT
	gave rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT (19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE. JIF EITHER NOTIFY MEDICAL EXAMINE! 21d. INJURY OCCURRED WHILE AT WORK AT WORK 22a.1 certify that (1) (This hasp saw the deceased alive on above, (1) (We) (did) (did no 22b. SIGNATURE	21b. TIME OF INJURY HOUR A.M. MO P.M. 21e. PLACE OF INJUR (141 HOME, STREET, FACTOR (21) ottended the decease (21) view the body after dea	R WHICH OPERATION NTH DAY YEAR 19 RY RY, OFFICE, FARM, ETC.)	211. LOCATION SIREET 219 nd that in (my four) apinian DEGREE ATTENDING PHYSICIAN	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJUNE CITY OF TO deoth occurred on the december of the december o	20b. IF YES, WIN CERTIFY INI YES THE TITLE OF THE TITLE O	ERE FINDINGS G CAUSES OF D OR PART 2) COUNTY A that d fram the cause	USED DEATH? O [] STAT
MEDICAL	gave rise to immediate couse (o1), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT (O1) 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE. IF EITHER NOTIFY MEDICAL EXAMINE (OR CONTRIBUTING NOTIFY MEDICAL EXAMINE) 21d. INJURY OCCURRED WHITE NOTIFY MEDICAL EXAMINE (OF CONTRIBUTING NOTIFY MEDICAL EXAMINE) 22d. 1 certify that (1) (Fix hasp) saw the deceased alive an above, (1) (we) (id) (id) (id) (id) 22b. SIGNATURE	196. CONDITIONS CONTRIBUTE 196. CONDITION FO 216. TIME OF INJURY HOUR A.M. MOI P.M. 216. PLACE OF INJURY (AT HOME, STREET, FACTOR 101) view the body after dea	R WHICH OPERATION NTH DAY YEAR RY, OFFICE, FARM, ETC.) ed from	211. LOCATION SIREET 211. LOCATION SIREET 211. LOCATION SIREET 212. ADDRESS L. T. L. L. L. L. L. L. L. L. L. L. L. L. L.	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJUNE CITY OF TO deoth occurred on the december of the december o	20b. IF YES, WIN CERTIFY INI YES THE TITLE OF THE TITLE O	ERE FINDINGS G CAUSES OF D OR PART 2) COUNTY A that d fram the cause	USED DEATH? O [] STATE
MEDICAL MEDICAL	gave rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT (19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE. JIF EITHER NOTIFY MEDICAL EXAMINE! 21d. INJURY OCCURRED WHILE AT WORK AT WORK 22a.1 certify that (1) (This hasp saw the deceased alive on above, (1) (We) (did) (did no 22b. SIGNATURE	196. CONDITIONS CONTRIBUTE 196. CONDITION FO 216. TIME OF INJURY HOUR A.M. MOI P.M. 216. PLACE OF INJURY (AT HOME, STREET, FACTOR 101) view the body after dea	R WHICH OPERATION NTH DAY YEAR 19 RY, OFFICE, FARM. ETC.) ed from th., 19 23c. NAME OF C	211. LOCATION SIREET 219 nd that in (my four) apinian DEGREE ATTENDING PHYSICIAN	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJUDENT OF TO STATE OF	20b. IF YES, WIN CERTIFY INITY YES THE TITEM IS PART I	ERE FINDINGS G CAUSES OF DINGS G CAUSES OF DINGS OF PART 2) COUNTY 29, that d from the cause 224, DATESIGN 27, DATESIGN	USED DEATH? O (I) (I) (I) (II) (II) (II) (II) (II) (

DHMH - 16 50M 4/B2 (VRA 15, 4)

BP.



DHMH - 17

(VR A15 ME (5)) 20M 4/82

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAF	2	MI	DICAL	EXAMIN	ER'S CE	RTIF	CATE	OF DE	ATH REG. 1	NO.	
1. DECEASED NA	AME FIRST		WIDDLE		U	AST			20. DATE KNOWN OF ESTI-	MONTH DAY YEAR	26 HOUR
	.1/	MES	E.	10.0	EARLY				DEATH MATED	7-19-849	1
3. SEX	4 RACE	5. DATE OF BIRTH		6 AGE IN YE			IF UNDE	R 24 HRS.	2c. DATE	MONTH DAY YEAR	24 HOU
Male	Black	7 4	1907	77 YI	RS. MONTHS	DAYS	HOURS	MIN	PRONOUNCED DEAD	7-19-84,	7:45
70 BIRTHPLACE		76. CITIZEN OF V	WHAT COUN	ITRY?	8 MARRIEI	D X N	EVER MAR	RIED	9 BALTIMORE CITY	OR COUNTY OF DEATH	
Pennsyl	vania	U. S.	A.		WIDOWE	D 🗆	DIVOR	CED [Baltimo	re City	M

1	FOREIGN COUNTRY)	78. CITIZEIN OF WH	MAR MAR	RIED X NEVER MARRI	IED FACTIMORE CITY OR CC	DON'T OF BEATH
2	Pennsylvania	U. S.	A. WIDO	WED DIVORCE	Dallinoie (City MC
	10. CITY OR TOWN OF DEATH		PITAL, NURSING HOME, OR OT CRUTY, GIVE STREET ADDRESS)	THER INSTITUTION	12a. USUAL OCCUPATION (TYPE OF W FOR MOST OF WORKING LIFE)	OR INDUSTRY
7	Baltimore	1516 N.	Payson Street		Teacher	Baltimore
-	USUAL RESIDENCE (IF IN NURSING H	HOME OR OTHER INSTITUTION, GIV	RESIDENCE BEFORE ADMISSION)	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 1512 N	. Payson Street
5	Maryland		Baltimore	YES X NO	Baltimore, Maryl	and 21217
	14. FATHER'S NAME	MIDDLE	LAST	15. MOTHER'S MAIDE	N NAME MIDDLE	LAST
X	Unknown			€ 1	Unknown	
	160 WAS DECEASED EVER IN U.S. (YES, NO, OR UNKNOWN) (IF YES	S. ARMED FORCES? S, GIVE, WAR OR DATES)	166 SOCIAL SECURITY NO.	17. INFORMANT	1512DNESS Pa	yson Street
	Yes	WW II	158-09-4166	Sarah J. E	arly Baltimore,	Maryland 2121
	18 CAUSE OF DEATH (Ent	ter anly ane cause per line	far (a), (b), and (c).)		, .	APPROXIMATE INTERVAL

	PART I DEATH WAS CAUSED BY: IMMEDIATE CAU	SE (o) Arteriosclero	tic cardiovascular disease	BETWEINGHALLANDGEN
	(DUE TO, OR AS A CONSEQUENCE O		- N. D. L. C.
	Canditions, if any, which gave rise to immediate	(6)		
	couse (a) stating the <u>under</u> - lying couse last.	DUE TO, OR AS A CONSEQUENCE O		THE RESERVE
-	PART 2 OTNER SIGNIFICANT CONDITIONS CONTRIB	(c)UTING TO DEATH BUT NOT RELATED TO THE TERMIN	AL RECEIF OF CANALIAN CHEN IN SAFE	
1.	THE T OTHER JOHN COMMITTIONS CONTRIB	NITING TO OF WILL BAT WAT REFWIED IN THE TEIGHT	AL VISCASE UK CUMULITUN GIFEN IN PART 1 (g)	
S S				
ATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH OPERA	TION WAS PERFORMED?	20 AUTOPSY?
	19a DATE OF OPERATION	196 CONDITION FOR WHICH OPERA	TION WAS PERFORMED?	20 AUTOPSY? YES \(\sum \text{NO} \(\text{X} \)
CERTIFICAT	710 EXTERNAL CAUSE WAS	216. TIME OF INJURY	TION WAS PERFORMED? 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART)	YES NO X
CERTIFICAT		21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR		YES NO X

CITY OR TOWN NOT WHILE AT WORK Inspection X death resulted Undetermined monner 7-19-84 ACTUAL Deputy ChiefeDICAL EXAMINED

111 Penn Street EXAMINER'S NAME Thomas D. Smith, M.D. ADDRESS

(TYPE OR PRINT) 23a BURIAL, CREMATION, REMOVAL 23b DATE 23c. NAME OF CEMETERY OR CREMATORY

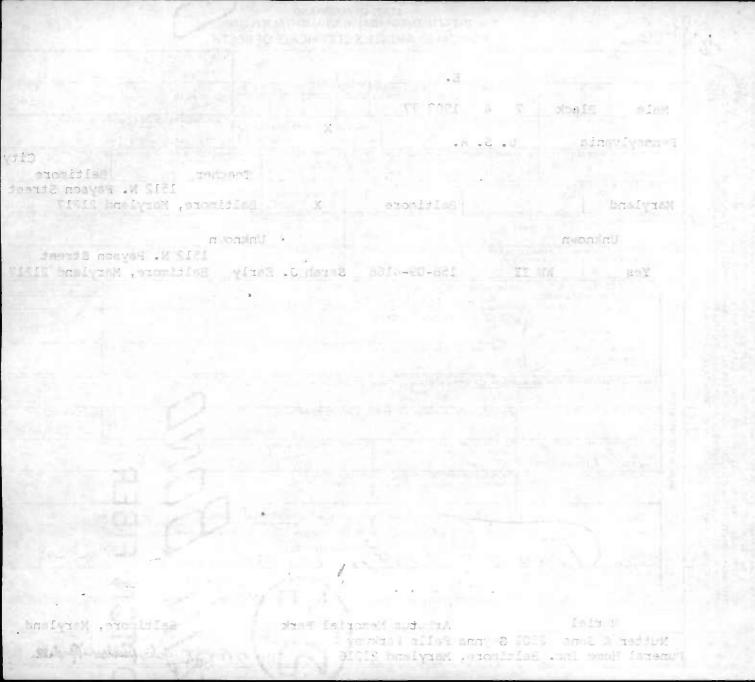
23d LOCATION

Burial Baltimore, Maryland
256 REGISTRAR'S SIGNATURE Arbutus Memorial Park 24 Nutter & Sons 2501 Swynns Falls Parkway

Funeral Home Inc. Baltimore, Maryland 21216

Julia Davidson-Rondom

STATE



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be retained by the haspital or attending physician.

attending physicion

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the funeral directal should be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filled within 72 hours at with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

injury, or other troumatic event, the

IMPORTANT: If Item 21 is marked or Item 18 shows any

-		FOR
1	-	STATE
		REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Car	1	6.00	9	-

ı	REGISTRAR		CERT	IFICATE OF DEATH	REG. N	10.	
1	(TYPE OR BRIDE)	- 110	WIDDLE	LAST	20. DATE OF DEATH	MONTH DAY YEAR	2b HOUR
ı	BEA		Margaret El	CKLEY		8 12 487	19 PM
	3. SEX Female	4. RACE White		FOF BIRTH	6. AGE (IN YEARS LAST BI	MONTHS DAYS	HOURS MIN.
	Ja. BIRTHPLACE (STATE OR FOR		WHAT COUNTRY? 8.	HED NEVER MARRIED	9. BALTIMORE CITY O	OR COUNTY OF DEATH	
4	10. CITY OR TOWN OF DEATH	U, J.	OSPITAL, NURSING HOME		120 USUAL OCCUPAT	0 0	MD. OF BUSINESS OR
	Baltimore	FF rand	HEACHITY-GIVE STREET ADDRESS!	Medical Cente	Retired	OF WORKING LIFE) INDUSTRY	
	Maryland	S HOME OR OTHER INSTITUTION,	GIVE RESIDENCE BEFORE ADMISSION BULLINORE	134. INSIDE CITY LIMITS?		t Avenue 2122	4
)	14. FATHER'S NAME Joseph	Moare	Cavanauch	15. MOTHER'S MAIDEN NA	MADLE	Neat	ST
	160 WAS DECEASED EVER IN (YES, NO DE UNKNOWN)	U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES)	216-24-1307		erson 2631	Fait Ave. 21	224
	18. CAUSE OF DEATH PART I. DEATH WAS	Enter only one couse per			0		ONSET AND DEATH
ı		MEDIATE CAUSE (a)	CARDIORE	PIRATORY	FaILURE	5	
	Canditions, if any, v		RAS A CONSEQUENCE OF	VASC. ACC	DENT		
	gave rise to imme cause (a), stating	diate	R AS A CONSEQUENCE OF			1 4 40	
	underlying cause	lost. (c)					
١		EICANT CONDITIONS CO	ONTRIBUTING TO DEATH BE	JT NOT RELATED TO THE TERM	AINAL DISEASE OR CON	NDITION GIVEN IN PART 11	a,
	19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDER	ON 196. COND	ITION FOR WHICH OPERAT	ION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FIND IN IN CERTIFYING CAUSES	
1			FINJURY M. MONTH DAY YEA	21c. HOW INJURY OCCUR			
1	OR CONTRIBUTING CAL	EXAMINER) P.	M. 15			July Wight	
	214, INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	(AT HOME STE	OF INJURY REET, FACTORY, OFFICE, FARM, ETC.)	211. LOCATION STREET	CITY OR TO	OWN COUNTY	STATE
	22a.l certify that (1) (the saw the deceased	his haspital) attended the	L7 19 84	and that in (my) (aur) apinion	death accurred on the d		that (I) (we) last
	abave, (1) (we) (did	(did not) view the Body	ofter death.	DEGREE		22c. DATE	SIGNED
1	Vien).	1-1/M		ATTENDING PHYSICIAN	MEDICAL STA		
-	574 PHYSICIAN'S NAM	VALONE		FSKMC			
	23a BURIAL, CREMATION, RE		01	CEMETERY OR CREMATORY	234. LOCATION CITY OR TOWN	O 1 COUNTY	AN J STATE
1	24. FUNERAL DIRECTOR	DE 0-3/-	84 Sate		TE REC'D. BY REGISTRAN	R 25b. REGISTRAR'S SIGNAT	TURE
1	Charles S.Ze	eiler & Son	Inc. 6224 Eas	stern Ave. A	UG 2 9 1984	A Lulia Davidson	Mandall

DHMH - 16 50M 4/82

BP

(VRA 15, 4)

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			12.4	
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morked or Item 18

DHMH - 16 50M 4/B3 (VRA 15, 4)

FOR

DEPARTMENT OF HEALTH AND MENTAL HYGIENES CERTIFICATE OF DEATH
STATE OF MARYLAND
STATE OF MARYLAND

DEP	CERTIFICATE OF DEATH	GIENES	REG. N	10.	1	Cal		
LE	LAST	2a DATE OF	DEATH	MONTH	DAY	YEAR	2b HOU	JR
el		8-2	5-8	4			10	amm
	5. DATE OF BIRTH	6. AGE (INYE	ARS LAST BE	RTHDAY)	IF UND	RIYEAR	IF UNDER	24 HRS
	MONTH DAY YEAR				MONTHS	UAYS	HOURS !	MIN.

- STATE REGISTRAR DECEASED NAME Alice Ede Mary 4 RACE 3 SEX Female Caucasian 3-16-1904 BIRTHPLACE I STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Md . USA WIDOWED Baltimore III. CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION Th. KIND OF BUSINESS OR Municipal Em Credit Union Roland Avenue Apt. (TYPE OF WORK FOR MOST OF WORKING LIFE) Baltimore Supervisor USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
130 STATE 1136, COUNTY 1136, CITY OR TOWN 21211 13e.STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? Balto. Md. 3838 Roland Avenue Apt.

14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME LAST William M. Alice Feltz 6b. SOCIAL SECURITY NO 17. INFORMANT ADPErry Hall, Md.21128 60. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES NO OR UNKNOWN) (IE YES, GIVE WAR OR DATES) 214-22-2416 Claire Zeleny 3824 Schroeder Avenue no

	18 CAUSE OF DEATH lEnter only one couse per line for (a), (b), and ich PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ACUTE CEREBROVAS CULAR ACCIDENT	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost	
N O	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN GENERALIZED VASCULAR DISEASE	IN PART 110

200 AUTOPSY? 206 IF YES, WERE FINDINGS USED 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 216 TIME OF INJURY 21a ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH

21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION COUNTY STATE (AT HOME STREET FACTORY, OFFICE FARM ETC.) NOT WHILE

22a 1 certify that (1) (this hospital) attended the deceased from

sow the deceased alive on 775 SIGNATUR DEGREE 22c DATE SIGNED

ATTENDING

22e ADDRESS

300 E. 33rd Street Dr. Miduel Karacuschansky

23c NAME OF CEMETERY OR CREMATORY 23a BURIAL, CREMATION, REMOVAL Burial CITY OR TOWN

8-28-84 Parkwood Cem. 24 Schimunek Funeral Home, ADD Inc.

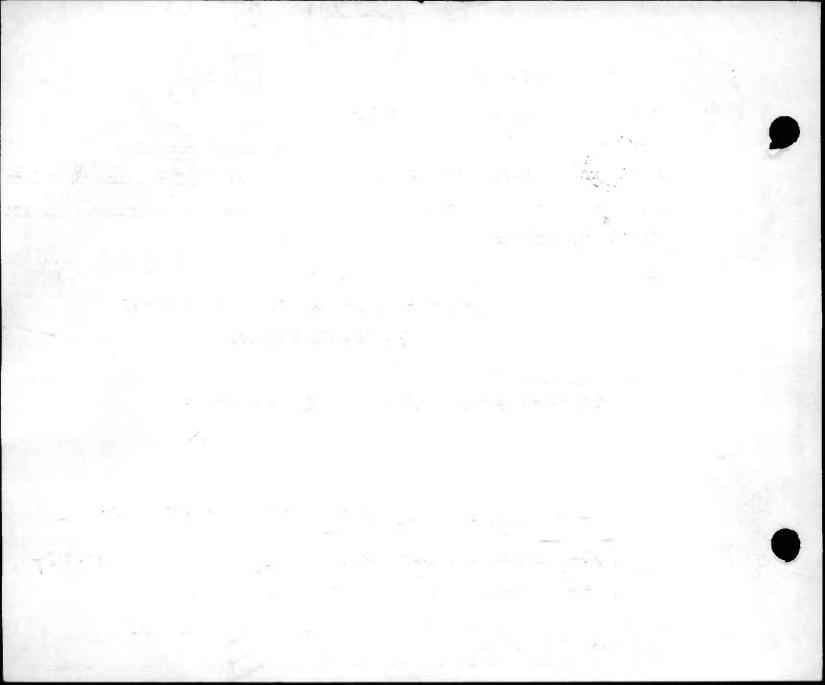
BY REGISTRARI256 REGISTRAR'S SIGNATURE

Md

Balto

9705 Belair Road, Balto., Md.

21236



TO HOSPITAL OR ATTENDING PHYSICIAN: The low etained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the f should be detached for use as the burial-transit permit. Then please remove carbonopapers. Pages 1 and 2 should be filled with with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

MPORTANT: If them 21 is marked or them 18 shows any injury, ar other traumatic event, the medical

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENES

		REGISTRAR		CEKIIF	ICATE OF DEATH	REG. NO.		
		CEASED NAME FIRST	MIDDLE	Ł	AST	26 DATE OF DEATH MONTH	DAY YEAR 76	HOUR
	(TYPE	JACOB	J	EDEL	MAN	AUGUST	20,1984	5 4/AM
	3 SEX		4. RACE	5. DATE C		6. AGE (IN YEARS LAST BIRTHDAY)		UNDER 24 HRS
		MALE	WHITE	MONTH 05	- 20 96	8.8	RS MONTHS DAYS	IOURS MIN.
1		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUN	TRY? 8	D NEVER MARRIED	BALTIMORE CITY OR COU	INTY OF DEATH	
1		ÜSSTA	USA	WIDOWE	DIVORCED [BART CITE	1	MD.
1	10. CT	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NI (IF NOT IN SUCH FACILITY, GIVE		OR OTHER INSTITUTION	176 USUAL OCCUPATION	126. KIND OF B	USINESS OR
6		BALT	SINON HOSI	0 08	BALT	ATTORNER	AT L	AW
1		AL RESIDENCE (# NURSING HOME OR	OTHER INSTITUTION, GIVE RESIDENCE	TOWN	13d. INSIDE CITY LIMITS?	136 STREET ADDRESS	• 903-E	#21210
5		11 17	XXXXXXX 136. CITY OR	UT	YES 🗹 NO 🗌	100 W.COL	DSPRING	LANE
0	I4_FA	THER'S NAME	MIDDLE TOTT A CANAS	T	15. MOTHER'S MAIDEN NAM	WE	CADI NAV	
C		DAVID	EDELMAN		FANNIE		CAPLAÑ	
	16a V	VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL	38-Dass	17 INFORMANT MRS 6106 IVYDEN			
		(IF YES, GIVE	209					
		18 CAUSE OF DEATH (Enter on		b), and (c1.)			APPROXIMA BETWEEN ONS	TE INTERVAL
		PART I. DEATH WAS CAUSE	E CAUSE (0) CARD I	AC ATO	REST			
			DUE TO, OR AS A CONS	EQUENCE OF			9,	
		Conditions, if ony, which	ACUT!	E myo	CARDIAL (NEBRUTTON		
		gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONS				THE STATE OF	
		underlying couse lost.	DOE TO, OR AS A COINS	SEODEINCE OF				
		PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING	G TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION	GIVEN IN PART 110	
	CERTIFICATION	ACI	VTE RENA	2 FM	LURE			
~	CAT	190 DATE OF OPERATION	196. CONDITION FOR W	HICH OPERATIO	N WAS PERFORMED		F YES, WERE FINDINGS ERTIFYING CAUSES OF	
6	TIF					YES NOT		NO [
7	CER	210. ACCIDENT WAS UNDERLYING	LICHER A MA MONITI	L DAY YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY IN ITE	A 18 PART I OR PART 2]	
/	AL	OR CONTRIBUTING CAUSE OF DEA	un .	19	1000			
	MEDICAL	21d INJURY OCCURRED	210 PLACE OF INJURY		211. LOCATION	CITY OR TOWN	COUNTY	STATE
	Z	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY O	rrice, PARM ETC }				
		22a I certify that (I) (This hospi	tal attended the deceased f	rom AUGU	157 14 19 84	_, to AVGUST 2	0 19 84 , tho	ot (I) (we) Inst
		sow the deceased alive on above, (I(lwe) (did) (did no	AUGUST 20	19	nd that in (my (our) pinion o	death accurred on the date and	I hour and from the cau	uses stoted
		226. SHE HATURE	The wife dody one death.		DEGREE	When we let had	274 DATE SIC	SNED
		Vielleur	MID		ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	8/20	1/84
		224 PHYSICIAN'S NAME (TYPE O			22e ADDRESS	10.1	0.00	
1		KOBERT DE	MARCO, M	0	Sinal HOSP	OF ISALT 1.	SAT M	1 51512
	23c. B	BURIAL CREMATION, REMOVAL	23b DATE	23c. NAME OF C	EMETERY OR CREMATORY	23d LOCATION		
	(SPECIFY)BURIAL	AUG.21,1984	AITZ CH	MIAIM	BATTIMORE	COUNTY MAR	YLAND

DHMH - 16 50M 4/B2

(VRA 15, 4)

74 FUNERAL DIRECTOR SOL LEVINSON & BROS., INC. 6010 REISTERSTOWN RD. BALTO., MD 21 21215

250 DATE PIGO OF RED LA BORTOS B. REGISTRAN'S SIGNATURE (

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director # should be detached for use as the burial-transit permit. Then please remove carban papers. Pages I, and 2 should be filled within 72 hours offer with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remaval.

5	TA	TE OF M	ARYL	AND	
PARTMENT	OF	HEALTH	AND	MENTAL	HYGIE

DE

STY 1	- STATE REGISTRAR			CERTIFI	CATE OF DEATH	REG. NO	D.		
	DECEASED NAME TYPE OR PRINT)	EJRST PART	Ede	LST	ein		8-14	84 6	HOUR 35
3. \$	MALC		WHITE	5. DATE OF	BIRTH DAY 15 189.5	6. AGE (IN YEARS LAST BIR	PHDAY) IF UND		UNDER 2.1 H
70.	BIRTHPLACE (STATE OF	essa.	CITIZEN OF WHAT COUNTRY?	MARRIED WIDOWEI	NEVER MARRIED DIVORCED	BALTIMORE CITY O			
90 E	BAITIMORE	ATH	ME OF HOSPITAL, NURSIN		OTHER INSTITUTION	120 USUAL OCCUPATION OF WORK FOR MOST OF	FWORKING LIFE) IN	b. KIND OF BUIDUSTRY	JSINESS
130	SUAL RESIDENCE (IF NUI LE STATE YORY KIND	13b COUNTY	TER INSTITUTION, GIVE RESIDENCE BEFORE 134 CITY OR TOW BALTIM	N -	13d. INSIDE CITY LIMITS? YES X NO []	13. STREET ADDRESS /		glits A	217 Ve
14.	CHAIM	MID	EDELSTE!	N	15. MOTHER'S MAIDEN NA/	nknown		LAST	
160	(YES, NO OR UNKNOWN)	R IN U.S. ARME	D FORCES? 166 SOCIAL SECU 2/8-40-	0824	J.M. Edels	tein 342	S 344h	N.DC	200
97 OSTATION	5	nmediote ring the se last.	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) NDITIONS CONTRIBUTING TO 1	ENCE OF		20a AUTÓPSY?	20b. IF YES, WEI	RE FINDINGS CAUSES OF	DEATH?
4	210. ACCIDENT WAS U	NOEBLYING [7]	216. TIME OF INJURY		21c. HOW INJURY OCCUR	YES NO	YES [10 🗌
9 8	On COLUMNIA CO	CAUSE OF DEATH		AY YEAR 19	THE HOW INJUNT OCCUR	CED (ENIER NATURE OF INTO	RY IN IEM IG PART I	X 100/2/	
MEDI	21d. INJURY OCCU	WHILE	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F		21f LOCATION STREET	CITY OR TO	wn c	OUNTY	STATE
	saw the deced	sed olive an	attended the deceased from		d that in (my) (our) opinian		y 19_ ate and hour and	from the cou	
	226. SIGNATURE	lento	n W You		ATTENDING PHYSICIAN [MEDICAL STAI	FF	FICT	- , -/
			10		- THIOTOTAL E		Light.	-	
	22d, PHYSICIAN'S P	AME LITTE OR PE	Davis		22e ADDRESS METERY OF CHEMATORY				

DHMH - 16 50M 4/83 (VRA 15, 4)

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retained by the haspital or attending physician

Julie Davidson- Asndors

The state of the s The second second second the attending physician and campletely filled remove corbonpapers. Pages 1 and 2 should

IMPORTANT: If them 21 is marked or Item 18 shows any injury, or other traumatic event, the medical exa

10 FUNERAL DIRECTOR: After this certificate hos been signed by the attending physics should be detached for use as the buriol-transit permit. Then please remove corbangape with the State Dept, of Health and Mental Hygiene prior to burial, cremotion, or removal.

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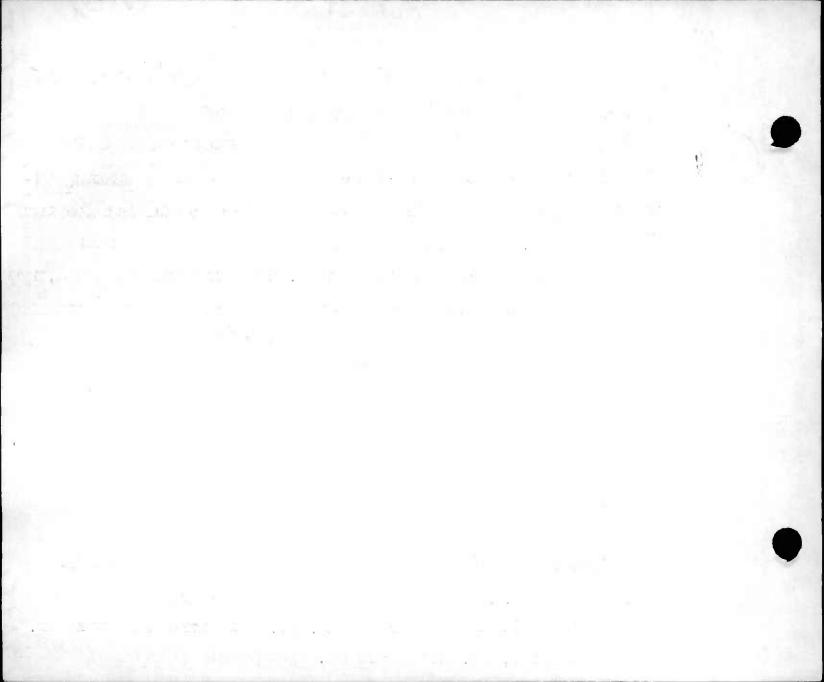
(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	1 -	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH								
١		CEASED NAME FIRST	• MIDDL	E		AST		REG. No 20 DATE OF DEATH	MONTH DAY	YEAR 2b H	OUR
	(TYPE	DAVI	d clif	TON	E	der.		0	8-10-	8416	25 M
	3 SEX	X 1.4	RACE	Call	5 DATE C		YEAR	6 AGE (IN YEARS LAST BIR	THDAY! IF U		IDER 24 HRS
	Za Bli	RTHPLACE (STATE OR FOREIGN 7)	LANCA L CITIZEN OF WHA	ALCOUNTRY?	01	-26-2	4	9. BALTIMORE CITY O	P COUNTY OF	DEATH	
5	C	MARY AND	US	A	MARRIE			Balt	imare	CITY	MD
20	10 CI	ITY OR TOWN OF DEATH		PITAL, NURSING		OR OTHER INSTITUT	ION	12e USUAL OCCUPATI		12b. KIND OF BUS	INESS OR
-	112114	AL RESIDENCE (IF NURSING HOME OR O	Bons	coul	IH	05/2.		MODEL-MOL		GENERAL	ELEC-
5		ALL RESIDENCE (IF NURSING HOME OR O		CITY OR TOWN		13d. INSIDE CITY L		13e STREET ADDRESS	ZIP CODE	henua	21229
	I4 FA	ATHER'S NAME	IDDIE	LAST		15. MOTHER'S MA	IDEN NAM	MIDDLE		LAST	
9			F.	EDER		Bes	SIR			EADES	
		VAS DECEASED EVER IN U.S. ARM YES, NO DR UNKNOWN) (IF YES, GIVE	WAR OR DATES)	SOCIAL SECUR	RITY NO.	17 INFORMANT		ADDRE	:55		
	-	YES W		1-16-6	475	DENISE	A. WH	ITECOTTON	1819 PA	LO CIRCI	
		18. CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE	BY .	Heple	1011	fail	unu	chier	11 Que	APPROXIMATE II BETWEEN ONSET	AND DEATH
			DUE TO, OR AS	A CONSEQUE	NCE OF		4- 0	10	,		
		Canditians, if any, which gave rise to immediate	(b)			Heput	rev	rar syn,	C/-		
		cause (a), stoting the underlying cause last	DUE TO, OR AS	a consequei	NCE OF	Sepsis		celuli	tis		
	NO	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO					THE TERMIN	NAL DISEASE OR CON	DITION GIVEN	IN PART IIa	
7	CERTIFICATION	190 DATE OF OPERATION 196. CONDITION FOR WH		N FOR WHICH (HICH OPERATION WAS PERFORMED		IN CERTIFYI		WERE FINDINGS USED ING CAUSES OF DEATH?		
	ERT	210. ACCIDENT WAS UNDERLYING	21b. TIME OF IN			21c. HOW INJURY	OCCURRE	YES NO	YES THE PART I		<u>' </u>
t		OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M.	MONTH DA	Y YEAR						
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF I	NJURY FACTORY, OFFICE, FA	IRM, ETC }	211 LOCATION STREET		CITY OR TO	wN	COUNTY	STATE
		22a.l certify that (1) (this haspita	l) attended the de	ceased from_		, 19	9	, to	19_	, that (I) (we) last
		saw the deceased olive on abave, (1) (we) (did) (did not)	view the bady alte	r death.			apinion di	eath occurred an the de	ate and havr on	d Iram the cause:	stated
1		22b. SIGNATURE	1			DEGREE	NDING _	MEDICAL STAI	FF	22c DATE SIGN	ED
\dashv		22d. PHYSICIAN'S NAME (TYPE OR	2-102-6h	2			ICIAN [DIRECTOR PHYSIC		8/11/84	<u>+ </u>
4		H TAVASSOLLE BURIAL, CREMATION, REMOVAL	M.D. 23b DATE	23c N	AME OF C	EMETERY OR CREM		DURS HOSPIT	AL.		
		(SPECIFY) BURIAL	08-14-8			AWN MEM.	GAR.	MARR IOTT		HOWARD	MD.
	24 FL	UNERAL DIRECTOR		ADDRESS	2	1229		REC'D. BY REGISTRAR	ML REGISTRAR		02_
	н	UBBARD FUNERAL H	HOME, INC	. 4107 V	WILKE	NS AVE.	AUG	1 3 1984 8	Tulia David	Mailor	



FOR - STATE

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TO FUNERAL DIRECTOR. After this certificate has been signed by the offending should be detached for use as the buriol-transit permit. Then please remove corbo

ATTENDING PHYSICIAN: The ottending physicio

retained by the haspital or TO HOSPITAL OR

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one injury, or other froumotic event,

IMPORTANT: If Hem 21 is marked a should be detached for use as the b

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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AUG 6 1984

н	REG	REGISTRAR					REG. NO.								
1		EDNAME	FIRST		MIDDLE	1	AST	1	20. DATE C	F DEATH	HINOM	DAY	YEAR	26 HOUR	
	(TYPE OR PRI	INT}	SILAS	E	EDWIN]	EDSON				8	3	84	3:48a	. м
	3. SEX	HIT TO		4 RACE		5. DATE C		VEAR	6 AGE (IN	YEARS LAST BE	RTHDAY)	MONTE	DER I YEAR	IF UNDER 24 HR	
/	MA	LE		WH	HITE	02	01	17		67	YRS				
,[7a BIRTHPI	LACE (STATE	OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8.	D NEVER	MARRIED T	9 BALTIMO	ORE CITY	OR COUN	ITY OF	DEATH		
1	ARI	KANSAS			S.A.	WIDOWE	D D	NORCED [TIMOR					ND.
1	10 CITY OF	R TOWN OF	DEATH		HOSPITAL, NURSING HEACHTY, GIVE STREET		OR OTHER INS	TITUTION	120 USUAL	OCCUPAT			L KIND O	F BUSINESS C)R
4	-	LTIMOR			AGNES		ral		DIS	PATCH	ER		TRUCE	KING	
7	USUAL RES	SIDENCE (IF	NURSING HOME OF		GIVE RESIDENCE BEFOR		1 13d INSIDE O	ITY HAITS?	13e.STREET	ADDRESS	/ 7IP CC	DDF	2120	07	
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A	14 FATHER	R'S NAME		MIDDLE	LAST		15 MOTHER	S MAIDEN NA	ME	MIDDLE			LAS		П
1	F	REDERI	CK T	HOMAS	EDSON		A	LICE		MIDDLE		96	JOHNS		4
1		DECEASED EN		MED FORCES?	166 SOCIAL SECU	JRITY NO.	17 INFORM	ANT		ADDR	ESS				
4	NO		(IF TES, GI	TE WAR OR DATES	216-03-	5533	DORO	CHY G. I	EDSON	1609	CANT	WELL	RD.	, 21207	7
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1	901	ve rise to	immediate	(0)	0		7000		V		0.72				
		derlying co		DUE 10, O	RAS A CONSEOU	1 CM	ar	arr	buth	mi	i	10			
	PAR	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN								GIVEN I	V PART 10	3			
	NO														
5	CERTIFICATION 110 In 11	DATE OF OPE	RATION	196 COND	ITION FOR WHICH	or which operation was performed			200 AUT	OPSY?				NGS USED	
	IF.								YES NO YES NO NO						
٦	21o.	ACCIDENT WAS		216. TIME C		AV VEAR	21c HOW I	JURY OCCUR	RED (ENTER N	ATURE OF INJ	URY IN ITEM	IS PART 1	OR PART 2)		
1			CAUSE OF DE		.M. MONTH D .M.	19									
	2	INJURY OCC		21e. PLACE	OF INJURY		211 LOCATI			CITY OR TO	01-01		OUNTY	STATE	
	¥ wh	ORK NO	T WHILE	(AT HOME, ST	REET, FACTORY, OFFICE,	FARM, ETC)	STREE			CITY OR IT	OWN		Obien	STATE	
				ital) attended th	ne deceased from_	. 7	/31	1984		5	3/3		84	that (I) (we) la	ost
		sow the dec	eosed olive or	8 /3	19_	84	nd that in (my) (our) opinion	death occurr	ed on the o	date and h	nour and	from the	couses stated	
		SIGNATURE	e) (did) (did no	ot) view the body	offer deoth.		DEGREE						22c. DATE	SIGNED	_
	9	Rad.	· Um	10:1			dr	ATTENDING PHYSICIAN	MEDICAL	STA			813	184	
+	22d.	22d PHYSICIAN'S NAME TYPE OR PRINT					22e ADDRE		gnes t		CIAN				_
		BEDRI YOUSIF						GOOC	"HTON I	the.	A 2.	1229	7		
H	22a BURIA	L CREMATIV	ON, REMOVAL			NAME OF C	EMETERY OR		123d. LOC		7 21	20	-		
	(SPECIF	Υ)	JIN, KEMOVAL						CIT	Y OR TOWN	. D.4		UNTY	STATE	
4		RIAL AL DIRECTO	P	08-06	5-84 W		VN CEMI			DLAWN REGISTRAL		LT TM		MD.	
		NAME			ADDRESS	2.	1229	4.11	TE REC'D. BY	400 A	130. 1120	W. Me	12-14	andall	

HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.

DHMH - 16 50M 4/83 (VRA 15, 4)

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-	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4 retained by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funeral director should be detached for use as the burial-transit permit. Then please remove corbonpopers. Pages 1 and 2 should be filled within 72 hours after with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	1
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2, 201	e de	mov notice	troi
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	TO HOSPITAL OR ATTENDING PHYSICIAN: The I retained by the hospital or ottending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicia should be detached for use as the buriol-transit permit. Then please remove corbompopers with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.	04
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BP DHMH - 16 50M 4/83

(VRA 15, 4)

	1-	FOR STATE REGISTRAR	DEPAI	RTMENT OF I	E OF MARYLAND BEALTH AND MENTAL HYG FICATE OF DEATH	IENE A	2 1	3 0	i
		CEASED NAME FIRST OR PRINT) EISEN	hardt Ba	by a	wrl	20 DATE OF DEATH MONTH DAY YEAR			7 40 p M
	3. SEX	F	4 RACE White	S. DATE	H DAY YEAR	6. AGE (IN YEARS LAST BIR	THDAY) IF UN MONTH		HOURS MIN.
为	C	RTHPLACE (STATE OR FOREIGN COUNTRY) WAY JUMA TY OR TOWN OF DEATH	76. CITIZEN OF WHAT COUNTR U.S. A 11. NAME OF HOSPITAL, NUR	WIDOW	- Land	Baltimore City o	nure	City	MD. BUSINESS OR
3	T	Buttmore /	(IF NOTING SUCH FACILITY, GIVE STA	iltimi	cre Gen Hosp	TYPE OF WORK FOR MOST O	F WORKING LIFE)	IDUSTRY	003114233 011
9	13a. S	THER'S NAME			13d. INSIDE CITY LIMITS? YES NO	30238 ME EISEM N	ZIP CODE	MA	Ve 2123
18			MODIE LAST		FIRST	Adamin)	RADAM	PLACE S	
/		VAS DECEASED EVER IN U.S. AR			17 INFORMANT	ADDRE	SS		
		PART I. DEATH WAS CAUSE		DUENCE OF	ty - sever	e		BETWEEN ON	ATE INTERVAL
1	CERTIFICATION	PART 2 OTHER SIGNIFICANT (ONDITIONS CONTRIBUTING T			200 AUTOPSY?	206. IF YES, WE IN CERTIFYING	RE FINDING	SS USED OF DEATH?
3		218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF BUJU	RY IN ITEM 18 PART I C	OR PART 2)	
	MEDICAL	216. IN JURY OCCURRED WHILE ON OT WHILE OF AT WORK	A 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFH	CE, FARM, ETC)	211 LOCATION STREET	CITY OR TO	wn	OUNTY	STATE
		22a. certify that (1) (this hospi saw the deceased alive on	V / //	211	nd that in (my) (our) opinion	death occurred on the de			
1		Donna	L. Lnyd	u,	AAAA ATTENDING	MEDICAL STA	FF _	8-11	1-84
/		DONNA 1	L. Snyder	MD	South	Balhmor	e ben	. Ho:	SP.
		Removal		3c NAME OF C	CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN		JNTY	STATE
	24 FL	INERAL DIRECTOR Anato	my Board ADDRES	s Bal	to., Md. AU	G 2 2 1984	256 REGISTRAR		RE

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Page 4 may be

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shows any injury, or other troumatic event,

IMPORTANT: If them 21 is marked or them

STATE OF MARYLAND

	JINIE OI III	MILLENIED	
DEPARTMENT	OF HEALTH	AND MENTAL	HYGIENE
CE	RTIFICATE	OF DEATH	6

- S	OR TATE EGISTRAR			DEPARTN	MENT OF H	E OF MARYLAND HEALTH AND MENTAL HY CICATE OF DEATH	GIENE REG.	() NO.) 5
1. DECEA	ASED NAME	tward	,	H	F	LLigson	26 DATE OF DEATH	8-14	, ,	th HOUR 5
3. SEX	E-0		ACE	///	5. DATE C		6 AGE (IN YEARS LAST I	HRTHDAY] #	UNDERTYEAR	IF UNDER 24 HWS
/	Male		White	•	MONTI 10	H DAY YEAR	76	YRS.		HOURS MIN.
COU	HPLACE (STATEORI NTRY) TVland	FOREIGN 7b.		WHAT COUNTRY?	MARRIE WIDOWI	and the same of th	Baltimore		OF DEATH	MD.
10. CITY	OR TOWN OF DEA	ATH 11.	NAME OF H		G HOME	Penter INSTITUTION	120 USUAL OCCUPA (TYPE OF WORK FOR MOST Piechini	TION OF WORKING LIFE)	INDUSTRY	BUSINESS OR
13a STA		INGHOME OR OTH 136 COUNTY Baltir	. /	GIVE RESIDENCE BEFORE 13c. CITY OR TOWN Baltimor	N	13d. INSIDE CITY LIMITS? YES NO 🔯	130 STREET ADDRESS 101 Linhi	zip code gh Ave.	21236 Balto	
Henr	ER'S NAME FIRST	MIDO	DLE	Elligso	n	15. MOTHER'S MAIDEN NA FIRST Anna	AME		Bauer	r
	DECEASED EVER	IN U.S. ARME		216-07-8	RITY NO.	Etta M. El		RESS Linhigh	Ave.	1236 Balto. ATE INTERVAL SET AND DEATH
c U	Conditions, if ony, gove rise to immouse (o), statir	, which mediate of the lost	DUE TO, OF	AS A CONSEQUE	NGE OF	ifveen	ovite			
S L	PART 2. OTHER SIGNIFICANT CONDITIONS C			DNTRIBUTING TO DEATH BUT NOT PELATED TO THE TERM		ZOG AUTOPSY?	20b. IF YES,	WERE FINDING		
CAL	O. ACCIDENT WAS UNIT R CONTRIBUTING (IF EITHER, NOTIFY MEDI II. INJURY OCCUR	CAUSE OF DEATH	21b. TIME O HOUR A.I P.I	M. MONTH DA	YEAR	216 HOW INJURY OCCUR	RRED (ENTER NATURE OF IN	JURY IN ITEM 18. PAR	II I OR PART 2)	
22 22	sow the decease	(this hospital)	ottended the	edeceased from	Jug.	nd that in (my) (our) opinion	to death occurred on the	14		CONT. LEA
27	SIGNATURE	2: -	115	D ,		DEGREE ATTENDING		AFF	224. DATES	IGNED .

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and is should be detached for use as the burial-transit permit. Then please remove carbonoppers. Pages, with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician BP.

DHMH - 16 50M 4/83 (VRA 15, 4)

Burial 24 FUNERAL DIRECTOR

224 PHYSICIAN'S NAME (TYPE OR PRINT)

23a. BURTAL, CREMATION, REMOVAL

23b. DATE

FUNERAL HOME

7401

23c. NAME OF CEMETERY OR CREMATORY Redeemer Most Holy

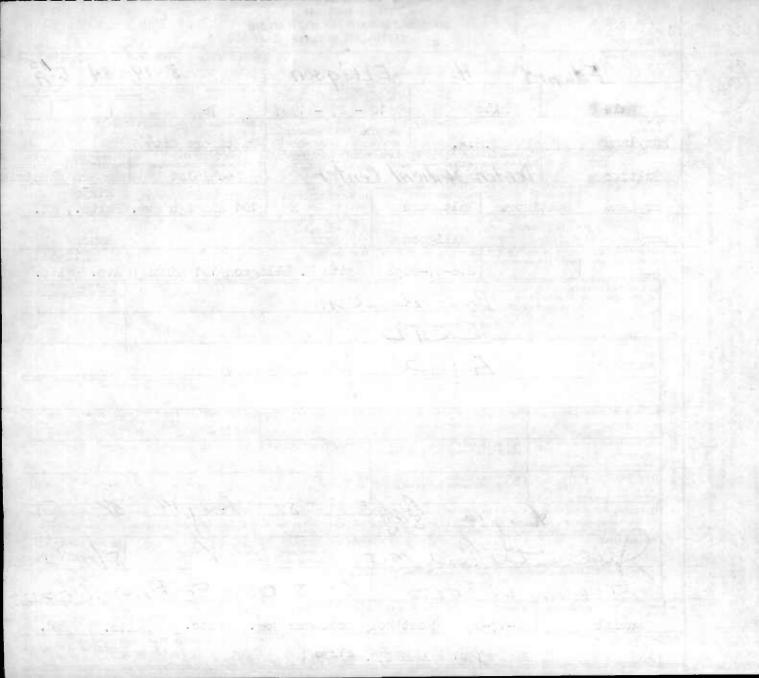
77e. ADDRESS

23d LOCATION
CITY OF TOWN
Balto. Cen

BALTO. Me. >1238 Balto.

Md.

250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE



FOR - STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH	STATE OF MARKET BARRE	
CERTIFICATE OF DEATH	EPARTMENT OF HEALTH AND MENTAL	HYGIENE
	CERTIFICATE OF DEATH	0

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DECEASED NAME James Jame
A RACE S. DATE OF BUTH S.
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The chiral process of the country of Death with the country of Death w
MARRIED NEVER MARRIED DOWNCED
MAIN AME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 LINE OF BUSINES INDUSTRY Supervisor (Ret.) Main
(FYES CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS OF RESIDENCE OF PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS OF ADMISSION) (FYES A NO 13d. INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE YES A NO 15. MOTHER'S MAIDEN NAME Lillian M. Hutton PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS OF DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 1. Mother semants of the part 1 to 1. Moth
Supervisor (Ret.) Kennecott Supervisor (Ret.) Supervisor (Ret.)
13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE YES NO
Wilbur F. Emge Lillian M. Hutton Was deceased ever in u.s. armed forces? Yes 214/26/5009 Mrs. Carole A. Emge (Wife) Same as#13 It cause of Death Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if any, which gove rise to immediate cause last. Due to, or as a consequence of underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART Ita-
Wilbur F. Emge Lillian M. Hutton Was declased ever in u.s. armed forces? Wes 214/26/5009 Mrs. Carole A. Emge (Wife) Same as#13 PART I. DEATH (Enter only one cause per line for (a), (b), and (c)) IMAGE OF DEATH (Enter only one cause per line for (a), (b), and (c)) IMAGE OF DEATH (Enter only one cause per line for (a), (b), and (c)) IMAGE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMAGE OF DEATH (Enter only one cause per line for (a), (b), and (c)) IMAGE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMAGE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMAGE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMAGE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMAGE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMAGE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMAGE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMAGE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMAGE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMAGE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMAGE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMAGE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMAGE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMAGE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMAGE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMAGE OF DEATH (Enter only one cause per li
WAS DECEASED EVER IN U.S. ARMED FORCES? YES 214/26/5009 Mrs. Carole A. Emge (Wife) Same as#13 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11a-
PART I. DEATH WAS CAUSED BY [MMEDIATE CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) [MEDIATE CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) [MEDIATE CAUSE BY AND PART I. DEATH WAS CAUSED BY ARANGY CAPPART I. DEATH WAS CAUSED BY ARANGY CAPPART I. DEATH WAS CAUSED BY ARANGY CAPPART I. DEATH WHICH SOME INTERPRETWEEN ONSET AND DUE TO, OR AS A CONSEQUENCE OF Underlying cause last. [Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. [Conditions, if any, which gave rise to immediate cause last. [Conditio
PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) CRANARY GRERY LISERS Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF LC) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART Transport of the terminal disease or condition given in Part Transport of the terminal disease or condition given given given given given given given given given
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Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART Transport
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART Transport
gave rise to immediate cause (a), stating the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF Let Later to the terminal disease or condition given in PART 11a-
Cause (a), stating the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11a-
196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? TO IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH OF THE PROPERTY OF SEASY YES NO YES NO
9 8 21/64 CARONARY ARTERY DISEASE YES NO MESTIFYING CAUSES OF DEAT
1 = 8/21/84 LAKONARY / RICRY DISCASC YES NO YES NO
216. ACCIDENT WAS UNDERLYING TO ALSE OF DRAW HOUR A.M. MONTH DAY YEAR 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18. PART 1 OR PART 2)
OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY TEAK 19
OR CONTRIBUTION OF PAGE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED (AT HOME: STREET, FACTORY, OFFICE, FARM, ETC.) 21f. LOCATION STREET CITY OR TOWN COUNTY SI
WHILE NOT WHILE TO
WHILE NOTWHILE THOUGHT
The certify that (I) (this haspital) attended the deceased fram 1984, to 801 1984, that (I) (w
saw the deceased alive an 500 1954, and that in (my) (aur) apinion death occurred an the date and haur and from the causes sta
above, (I) (we) (did) (did nat) view the bady after death.
77% SIGNATURE DEGREE
ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN TO
THE PROSECULATION OF THE CONTROL TO
11 1 5 mm 6 at 11 11 5 mm H a + 11
1 DAMES GAMES UNIV. & Me Hospital
[236. BURIAL, CREMATION, REMOVAL 236. DATE/ 236. NAME OF CEMETERY OR CREMATORY 236. LOCATION
Burial Aug. 25, 1984 Glen Haven Mem. Prk. Glen Burnie A.A. Md.
24 FUNERAL DIRECTOR (A) L. C. 250. DATE REC'D. BY REGISTRAR' 250. REGISTRAR'S SIGNATURE
Singleton Funeral Home Glen Burnie, Md. AUG 2 3 1984 Julia Davidson-Renda

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

TO HOSPITAL OR ATTENDING PHYSICIAN: The fow retained by the hospital or attending physician.

appletely filled in by the

FOR - STATE REGISTRAR		D	STATE OF MARYLAND EPARTMENT OF HEALTH AND MEN CERTIFICATE OF DEA	TAL HYGIENE
ECEASED NAME	FIRST	WIDDLE	LAST	2a. D

	REG. NO.				
	20. DATE OF DEATH MONTH	25°	YEAR 84	26 HOL	IR IZ AN
	6. AGE (IN YEARS LAST BIRTHDAY)	AY) IF UNDER		IF UNDER	24 HR5
5	77 # YRS.	MONTHS	DAYS	HOURS	MIN.

	CEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH DAY YEAR 26 HOUR					
(146	20 UIS	5	ENGEL	08 25 84 00 P					
3. SE	X	4. RACE 5.	. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR I IF UNDER 24 HR					
-	MALE	CAUCACION	MONTH DAY YEAR OF	77 F YRS. MONTHS DAYS HOURS MIN					
	IRTHPLACE STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY? 8.	MARRIED X NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH					
	MARYLAND	77 0 4	VIDOWED DIVORCED	BALTIMORE CITY					
10.0	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING		12a USUAL OCCUPATION 12b, KIND OF BUSINESS O					
	BALTIMORE	NORTH CHARLES GEN	NERAL HOSPITAL	EMPLOYEE CLEANING CO.					
	JAL RESIDENCE (IF NURSING HOME O STATE 136 COU			13e STREET ADDRESS					
	ARYLAND	BALTIMORE	YES NO NO	3300 CLARKS LA., APT. C #212					
14 F	ATHER'S NAME		15 MOTHER'S MAIDEN N	NAME					
	FIRST	FNGEL	JESSE	MIDDLE LAST					
	WAS DECEASED EVER IN U.S. AI	RMED FORCES? 166 SOCIAL SECURIT		ANNE ENGELDRESS					
	(YES, NO OR UNKNOWN) (IF YES, GI	2/2-0/-465		LA., APT. C #21215					
	T	inly one couse per line for (a), (b), and (c		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH					
	PART I. DEATH WAS CAUSE			E MEART FAILURE					
	IMMEDIA			,					
	Conditions, if ony, which () ARTERIOSCLEROTIC HEART DISEASE								
	gove rise to immediate								
	couse (a), stating the underlying couse last. (A) A CONSEQUENCE OF, (A) A CONSEQUENCE OF, (A) A CONSEQUENCE OF, (A) A CONSEQUENCE OF, (B) A CONSEQUENCE O								
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110									
CERTIFICATION		RMANENT PA							
SAT	190. DATE OF OPERATION	196 CONDITION FOR WHICH OF	PERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?					
E				YES NO YES NO					
1 8	210. ACCIDENT WAS UNDERLYING			URRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)					
¥	OR CONTRIBUTING CAUSE OF DE	AIN	19						
EDIC	214. INJURY OCCURRED	21e PLACE OF INJURY	211 LOCATION	CITY OR TOWN COUNTY STATE					
2	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, FARM	0,010)						

220.1 certify that (I) (this hospital) attended the deceased from that (I) (we) lost sow the deceased alive on above, (1) (we) (did) (did not) view the body after death and that in (my) (aur) apinion death occurred an the date and hour and from the causes stated 22b. SIGNATURE DEGREE 22c DATE SIGNED MEDICAL STAFF
DIRECTOR PHYSICIAN

ATTENDING PHYSICIAN 224 PHYSICIAN'S NAME (TYPE OF PRINT) 27e ADDRESS GENERA NORTH SUDHIR. PATEL

23¢ NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23d. LOCATION BALTO. REISTERSTOWN BALTIMORE HEBREW

BURIAL 8-27-84 BALTIM
FOR FUNERAL DIRECTOR SOL LEVINSON & BROS., INC.

6010 REISTERSTOWN RD., BALTO, MD 21215 (VRA 15, 4)

AUG 3

STATE

MD

DHMH - 16 50M 4/B2

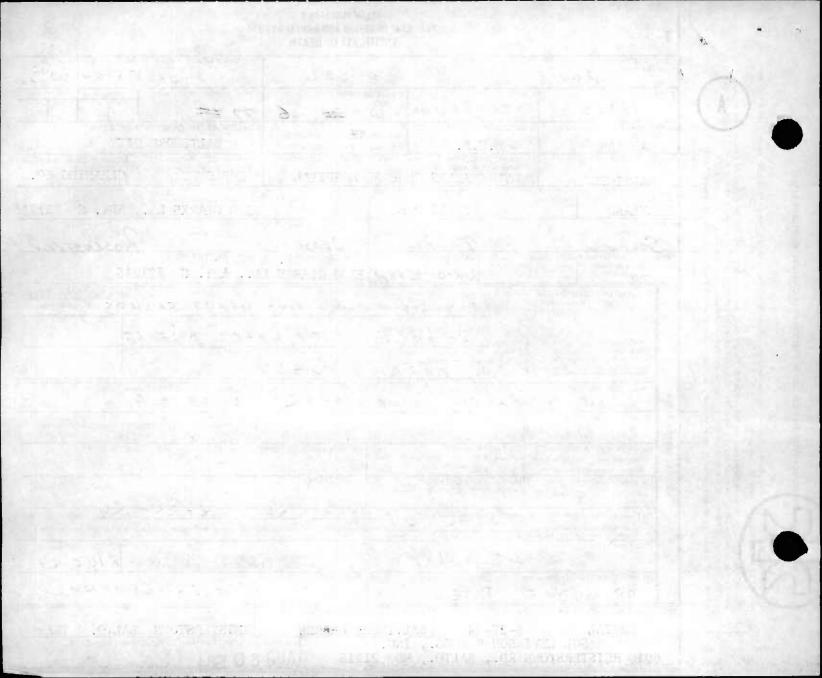
TO FUNERAL DIRECTOR: After this certificate has bee

etoined by the hospital

BP.

MPORTANT: If Hem 21 is

should be detached far with the State Dept. of



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dor. p	3. SE)	female Bluck	5. DATE O		5 dus ald yrs	MONTHS DAY
death. Page	7a. 811	RTHPLACE (STATE OR FOREIGN 76. CITIZEN OF S	WHAT COUNTRY? II. MARRIEI WIDOWE	D NEVER MARRIED 🎏	BUTTOM	OVC C
offer of the f	10 CI		HOSPITAL, NURSING HOME OF HEACHLITY, GIVE STREET ADDRESS)	or other institution they.	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	GLIFE) 12b. KIND INDUSTR
AND 21201 nn 24 hours refilled in by	130. S Ma	rylate N.A	GIVE REMOENCE BEFORE ADMISSION) 131. CITY OR TOWN Balto	13d INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP CO	
, MARYLAND Used within 24 completely fille Completely fille Thouse		THER'S NAME FIRST N K N UW H MIDDLE	LAST	15. MOTHER'S MAIDEN NAM	EDDS ADDRESS	
BALTIMORE, one be executed to be executed by spers. Poges you!		VAS DECE ASED EVER IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES)	166 SOCIAL SECURITY NO.	DATTINGE	M.n. U.MH.	Bult m
201 W. PRESTON ST., BALes that the death certificate and by the ottending physici please remove carbonooper urial, cremation, or removal.		gove rise to immediate couse (o), stating the underlying couse lost.	RAS A CONSEQUENCE OF	rrembrone	discose	BETWE
	CERTIFICATION	PART 2 OTHER SIGNIFICANT CONDITIONS CO	ITION FOR WHICH OPERATION		20a AUTOPSY? 20b IF	YES, WERE FINE THEY ING CAUS
ISION OF VI	MEDICAL CER	(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e. PLACE	M. MONTH DAY YEAR M. 19	216. HOW INJURY OCCURE 216. LOCATION STREET	RED (ENTER NATURE OF INJURY IN ITEM:	OUNTY
DING 1. OR ATTENDING the hospital or o or or or or or or or or or or or o		270. I certify that (I) (this hospital) attended the saw the deceased alive on above, (I) (we) (did) Results view the body 27b. SIGNATURE	3 19 34, or ofter death.	nd that in (my) (our) opinion DEGREE ATTENDING	depth occurred on the date and h	nour and from t
O HOSPITA Peroined by TO FUNERA TO FUNERA With the STATE		27 de PHYSICIAN'S NAME JETYPE OR PRINTI D'AMINGUIL MID		PHYSICIAN [27e ADDRESS UMOH - B	ult, ms 2	2122

Item 13a,c,d,e per ph. 8/16/84 kg

BP.

(VRA 15, 4)

- STATE

REGISTRAR

DECEASED NAME

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH TION GIVEN IN PART 110 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES | NO. IN ITEM 18 PART 1 OR PART 2) that (I) (we) lost e and hour and from the causes stated 22c. DATE SIGNED 23a BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY STATE CITY OR TOWN COUNTY (SPEC #Y) Remova 1 8/9/84 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE AUG 13 1984 24 FUNERAL DIRECTOR DHMH - 16 50M 4/83 NAME Anatomy Board ADDRESS Balto., Md. Tulia Davidson

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

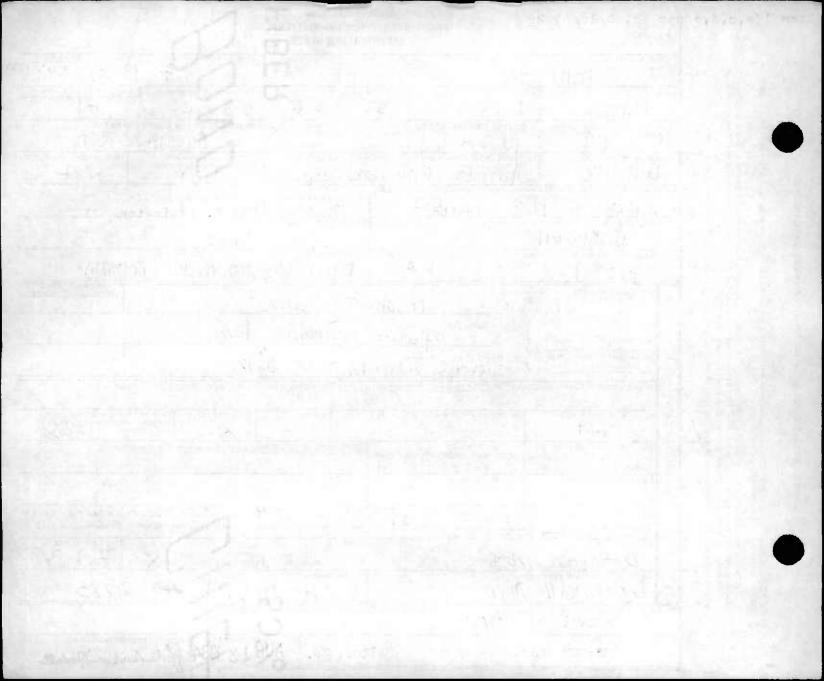
REG. NO.

126 KIND OF BUSINESS OR

LAST

INDUSTRY

20 DATE OF DEATH



3	1-	FOR STATE REGISTRAR		DEPARTA	MENT OF H	EALTH AND MENTAL HYG ICATE OF DEATH		1 3 1 0
	1. DEC	CEASED NAME OR PRINT)	Mary 1	Peachie	کے	PPS	REG. NO. 20. DATE OF DEATH MONTH	2-84 238 M
1/0	3 SE)	female		ack	5 DATE C		6, AGE (IN YEARS LAST BIRTHDAY) 74 YRS	
3		RTHPLACE (STATE OR FI	U	S A	WIDOWE		BALTO.	CITY MD
豣	3	BAItO.	BON	SUCH EACHLITY, GIVE STREET	ADDRESS)	or other institution	179 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK ING	
35	13a S		ING HOME OR OTHER INSTITUT	Baltimo	N	13d INSIDE CITY LIMITS? YES MO 15. MOTHER'S MAIDEN NA		DE 21213 Coline Street
NO		Samuel	MIDDLE	Spence		Mary IT INFORMANT	ADDRESS	White
De medico		YES, NO ORUNKNOWN)	(IF YES, GIVE WAR OR DATE	219-16-	5629		s 1620 N. Car	
Hc event, fi		PART I. DEATH W	IMMEDIATE CAUSE TO	artio p	MM	ONARY O	mest	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
r other troumof	10	Conditions, if ony, gove rise to imm cause (a), stating underlying cause	nediate g the DUETO	Conges	NCE OF	stanoa	- trelu	2
ony injury, o	CATION	PARTOTHER SIGN	MERA	NOTION FOR WHICH	OPERATIO	as Dis		THE TOP AND LIE TO THE THE THE THE THE THE THE THE THE THE
or Item 18 shows	MEDICAL CERTIFIC	21a. ACCIDENT WAS UND OR CONTRIBUTING C (IF EITHER NOTIFY MEDIC 21d INJURY OCCURR	CALEXAMINER) RED 21e PLA	E OF INJURY A.M. MONTH DA P.M. CE OF INJURY	19	211. LOCATION SIREE	RED (ENTER NATURE OF INJURY IN 11EM 1	YES NO NO
21 is morked	W	saw the decease	(this haspital) attende	198	7/2	3 19 84	death occurred an the date and h	, 19 that (It (we) last
RTANT: If Hem 2		226 SIGNATURE	LUCA AME JIMPE OR PRINTS	m	m	ATTENDING PHYSICIAN 22 ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. Of E SIGNED
POR		RJV	VIVIAN	15		42008	MONOSON	AVE

Md

23a BURIAL, CREMATION, REMOVAL Burial

23c. NAME OF CEMETERY OR CREMATORY Arbutus Mem Park 236 LOCATION
CITY OF TOWN
Arbutus

24 FUNERAL DIRECTOR DHMH - 16 50M 4/83

(VRA 15, 4)

Will'Tam C. March F/H 1104PRESE. North Ave

8/6/84

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE ulia Davidson-Randall

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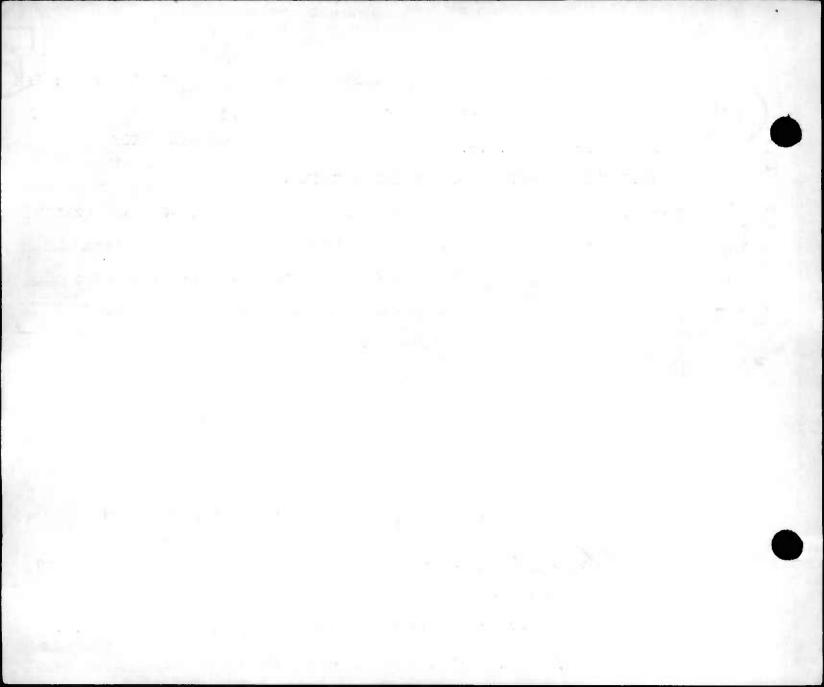
	STATE OF MARYLAND	
1	DEPARTMENT OF HEALTH AND MENTAL HYG	IENE
	CERTIFICATE OF DEATH	

STATE OF MAKTLAND							
DEPARTMENT OF HEALTH AND MENTAL I	HYGIENE						
CERTIFICATE OF DEATH	170						

6.1	2	3	

3	1-	FOR STATE REGISTRAR			EALTH AND MENTAL HY	GIENE 4	2	0	1 1
	1. DE0	CEASED NAME FIRST	MIDDLE	ı	AST			DAY YEAR	2b. HOUR
.4.	ITYPE	ROBE	RT E	म	PPS		80	25 84	8:45PM
334	3 SEX		4 RACE	S. DATE C		6. AGE (IN YEARS LAST BIR	THDAY)	IF UNDER LYEAR	IF UNDER 74 HRS
235		Male	Black	MONTH	DAY YEAR 1 99	8.5	YRS	MONTHS DAYS	HOURS MIN.
250	7a BI	RTHPLACE ISTATE OR FOREIGN	76 CITIZEN OF WHAT	COUNTRY? 8		9. BALTIMORE CITY O		OF DEATH	
10	NT.	Country)	17 C A	MARRIE	DI DIVORCED	BALTIMOR		ITY	MD.
357	10 CI	. Carolina		ITAL, NURSING HOME C		12a USUAL OCCUPATE			F BUSINESS OR
22	Ъ	BALTIMORE		LITY, GIVE STREET ADDRESS)	LIOCDIMAT	(TYPE OF WORK FOR MOST O	F WORKING LIFE	E) INDUSTRY	
- Janes		AL RESIDENCE HE NURSING HOME OF		NS HOPKINS	HOSPITAL				
25	13a. S	STATE 136 COUR	NTY 13t. C	CITY OR TOWN	134 INSIDE CITY LIMITS?	13e STREET ADDRESS			
die		ryland	I B a	altimore	YES NO	<u> 2103Sinc1</u>	air	Lane	21213
	14. FA	FIRST	MIDDLE	LAST	FRST	MIDDLE		LAST	
X		Robert		ps	Mittie			Epps	
		WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 S	SOCIAL SECURITY NO.	17 INFORMANT	ADDRE	55		
		NO		1-10-9410	Casper Ep	ps 2103 Si	ncla	ir Lan	e
4.		18 CAUSE OF DEATH (Enter or	nly one couse per line f	or (o), (b), and (c).)		•		BETWEEN	MATE INTERVAL ONSET AND DEATH
100	177	PART I. DEATH WAS CAUSE	ED BY TE CAUSE (o)	(ardrop	ulmenary	arrest			
1 34	GW I				10	1			
35	122	Conditions, if ony, which	(b)	A CONSEQUENCE OF	Sepsis			1//	with
25	£13	gove rise to immediate couse (a), stating the	10)	1					
	100	underlying couse lost	DUE TO, OR AS	A CONSEQUENCE OF					
A CONTRACTOR	No.	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTR	BUTING TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIV	EN IN PART TO	
	Z	The state of the s	Renal	failure	The transfer of the few				
	CERTIFICATION	190 DATE OF OPERATION		FOR WHICH OPERATIO	N WAS PERFORMED	20a AUTOPS		, WERE FINDIN	
1	윤					YES IN NOT		YING CAUSES	OF DEATH?
/	ER	710 ACCIDENT WAS UNDERLYING	7 21b. TIME OF INJ	URY	21c HOW INJURY OCCU	RRED (ENTER NATURE OF INJUI			
0		OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M.	MONTH DAY YEAR					
1	2	(IF EITHER, NOTIFY MEDICAL EXAMINE)	P.M. 21e PLACE OF IN	19	211 LOCATION				
	MEDICAL	WHILE NOT WHILE		CTORY OFFICE, FARM ETC.)	STREET	CITY OR TO	WN	COUNTY	STATE
		AT WORK AT WORK				A	and the same of th		
		228-I certify that (I) (this hosp	ital) ottended the dec	eased from Arg	19 84				that (1) (we) last
		saw the deceased alive or above, (I) (we) (did) (did no	ot) view the body ofter	deoth. 01	nd that in (my) (our) opinion	n death occurred on the de	ate and hou	_	
		22b. SIGNATURE	1		DEGREE			22c DATE	SIGNED
		March	15 Tec	une Mb	ATTENDING PHYSICIAN	MEDICAL STAI		0/2	5/84
	1	274 PHYSICIAN'S NAME CHIEF	Seren);		22e ADDRESS				
		Charles	B. lies	asure	600 N.	Wolfe S	1. 13	alt, M	D 5/307
	23a. E	BURIAL, CREMATION, REMOVAL	23b. DATE	23t. NAME OF C	EMETERY OR CREMATORY	23d LOCATION			
		BURIAL	8/31/84		Cemetery	Weldon,		COUNTY	.C.
		UNERAL DIRECTOR	0,02,0	. Lumilly	250 DA	ATE REC'D. BY REGISTRAR	25b REGIST		
		NAME		ADDRESS		ATE REC'D. BY REGISTRAR	guha	, Davidson	Manage
	WI	C March F/H	inc. II	UI E North	Avenue	100 4 1 1304	-U		

DHMH - 16 50M 4/83 (VRA 15, 4)



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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN® CERTIFICATE OF DEATH

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2		V	- 1	2
(b - 48)		- 620		

	- STATE REGISTRAR				CERTIF	ICATE OF DEATH	R	EG. NO		
	1. DECEASED NAME	FIRST		MIDDLE		AST	20 DATE OF DE		DAY YEAR	26 HOUR A
		JACK			ESTER	MAN	AUGUST	28, 19	984	12:56
)	3. SEX		4. RACE		5. DATE (OF BIRTH:	6 AGE (IN YEARS		MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
/	MALE	k	CAUCASI	AN		. 5,1915	68	YRS	more that	Mark.
2	TO BIRTHPLACE (STATE	OR FOREIGN	76 CITIZEN OF	WHAT COUNTR	Y? 8	D NEVER MARRIED	9 BALTIMORE	ITY OR COUNTY	OFDEATH	
5	Boston, Mas	ss.	United	doStates	WIDOW			MORE CI	[TY	MD
33	BALTIMO		11. NAME OF I	HOSPITAL, NURS HEACILITY, GIVE STRI OHNS H	SING HOME OF THE PROPERTY OF T	S HOSPITAL	TACCOUN	UPATION MOST OF WORKING LII	SELET ISP. KIND C	employed
2005	Mary land					TES NO	13 of Fred OD	1588WA33	E Drive	20901
250	Beryl FIRST	,	MIDDLE E	Esterman		Leah FIRST		DDLE	Smoller	ī
Z gic	NO OR UNKNOWN			166 SOCIAL SE	CURITY NO.	17 INFORMANT		ADDRESS		
5	Yes		E WAR OR DATES)	030 05	3802	Edith P. Es	sterman sa	me as #:	13	
lo,	18 CAUSE OF D	EATH (Enter an	ly ane cause per	line far (o), (b),	and (c)	-1			BETWEEN	MATE INTERVAL ONSET AND DEATH
E A	PARTI. DEAT	H WAS CAUSEI IMMEDIAT	E CAUSE (a)	Cardia	seuve	Shock			30	min
non, or r	Conditions, if		DUE TO, O	RAGA CONSEC	DUENCE OF	occordial -	Inhorch	0-	16	hrs
of cremo		immediate lating the ouse last.	DUE TO, O	RASA CONSEC	DUENCE OF	o-diovescul	v Di	stert.		
r to burial injury, ar		Coroner.	ONDITIONS CO	ONTRIBUTING T	O DEATH BUT	NOT RELATED TO THE TER	0 '	coment		
iene prio	SIP 190 DATE OF OP 210. ACCIDENT WA	84	196. COND	hen.c	CH OPERATIO	WAS PERFORMED	20a AUTÓPSY YES NO	20b. IF YES	S, WERE FINDIP FYING CAUSES ES	OF DEATH?
em 18 sh	On CONTRACTOR				DAY YEAR	21c HOW INJURY OCCU	RRED (ENTER NATURE	OF INJURY IN ITEM 18 1	PART I OR PART 2)	
ond Me	CIF EITHER, NOTIFY 21d INJURY OCC WHILE NO AT WORK	URRED	21e PLACE (AT HOME STI	OF INJURY REET, FACTORY OFFICE	E, FARM EJC)	211 LOCATION STREET	(1)	YORTOWN	COUNTY	STATE
Heolth ond	22a.1 certify tha		tal) attended th	ne deceased from	Augu	nd that in (my) (our) abinio	n death occurred on	the date and hou	19 84	that (we) lost
te Dept of	above, (IV(w 22b, SIGNATURE	e) (did)) did nai	1. View the body	atter death.	_ 7/2	DEGREE ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN XO	B 2	SIGNED 8
with the State	22d PHYSICIAN	S NAME (TYPE OF	4.4	au mo)	22e ADDRESS 600	N. WOLE	E,ST.	BALTO.	
3 1	PRUPAL TREMATE	ON, REMOVAL	28-D375-8	1	haren 9	Membrial member	23tharba	Massac	chusett	S STATE

BP____

TO HOSPITAL OR AITEN

DHMH - 16 50M 4/83 (VRA 15, 4) 24 FUNERAL DIRECTOR

NAME

Ives-Pearson Funeral Homes Falls Church, Vars 22046

250 DATE REC'D, BY REGISTRARISS HESISTRAR'S SO JACKS

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(9	}.)
-	_	الآ	
	O HOSPITALOR ATENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 4 etained by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director. In page	should be detached for use as the burial-tronsit permit. Then please remove carban popers. Pages 1 and 2 should be tiled within 72 hours offer with the State Dept of Health and Mental Hygiene prior to burial, cremotian, ar removal.
	law requires that the death certificate be	s been signed by the attending physician	should be detached for use as the burial-tronsit permit. Then please remove carbanpopers, p with the State Dept. of Health and Mental Hygiene prior ta burial, crematian, ar removal.
	affending physician	iter this certificate ha	ss the burial-tronsit p h and Mental Hygien
	or HOSPITAL OK ALTENDING PHYSICIAN, The interior of the hospital or attending physician.	TO FUNERAL DIRECTOR A	should be detached for use a with the State Dept of Healt

FOR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

	1 -	FOR STATE REGISTRAR				AND MENTAL H	IYGIENE	REG. NO.	2	j	1 3
I		EASED NAME FIRST FLIZE	BETH	E	ETHE	RIDGE	2a DATE	J. D.L	08 <i>3</i>	15 84	26 HOUR S
	3. SEX		4 RACE	5.	DATE OF BIRT			YEARS LAST BIRTH		FUNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
1	M	RTHPLACE (STATE OR FOREIGN OUNTRY) aryland	-	A	VIDOWED 🗍	NEVER MARRIED DIVORCED		Ball	Thor	e C	ity MD.
		Baltimore		CILITY, GIVE STREET ADD	PRESS) HO	spital		L OC CUPATIO ORK FOR MOST OF			OF BUSINESS OR
10	13a S	THER'S NAME	NTY 13c.	CITY OR TOWN	OKE YES	NSIDE CITY LIMITS	4148	ADDRESS /		load	121215
-		Philip		ohnson		Elizab		MIDDLE		Duck	
	(Y	(AS DECEASED EVER IN U.S. AI ES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES? 16b	SOCIAL SECURIT	910	_{iformant} thur Etl	heridg	e 4148			
			ED BY: TE CAUSE (0)	For (a), (b) and (c)	bral	Isch	enia			BETWEEN	imate interval Onset and death
		Canditions, if any, which gove rise to immediate cause (a), stating the underlying cause last	(c)	S A CONSEQUENCE		deliyd					
	CERTIFICATION	PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION		N FOR WHICH OF				TOPSY?	20b. IF YES,	WERE FINDIN	NGS USED
		210 ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [] CAUSE OF DE	HOUR A.M.	MONTH DAY		HOW INJURY ÖCC	URRED (ENTER	NATURE OF INJURY	IN ITEM IB PAR	ET I OR PART 2)	
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF I	INJURY FACTORY, OFFICE, FARM		LOCATION		CITY OR TOW	N	COUNTY	STATE
		22a I certify that (I) this hasp sow the decease salive or above, (I) (Ve) (did) (did n	0	2 ()		in (my) Our) opin	on death occur	red on the dot	e ond hour	and from the	
		22b. SIGNATURE	ateli	latel	MD	ATTENDING PHYSICIAN				22c. DATE	125/84
		MEENAK	3HI	PATEL			SINAI		SPITI	12	
	23a B	URIAL, CREMATION, REMOVA	L 23b DATE	23c. NA/	ME OF CEMETI	ERY OR CREMATOR		CATION		COUNTY	STATE

with the State Very Street 21 is marked or Item 18 shows ony injury, at oth L BURIAL

8/29/84

Mount Calvary Cem. Anne Arundel Co,

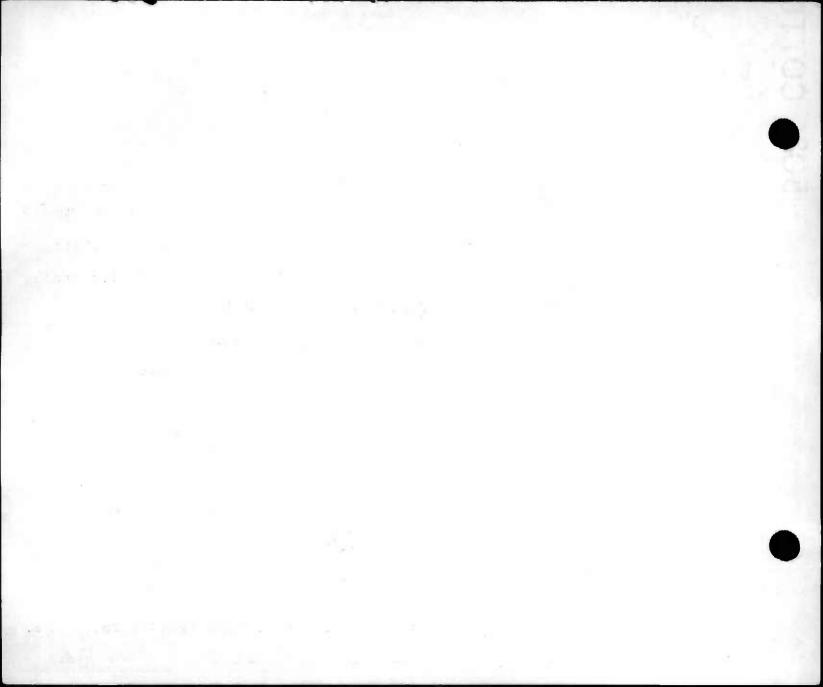
Md.

DHMH - 16 50M 4/83

(VRA 15, 4)

24 FUNERAL DIRECTOR
Wm C March F/H Inc. 1101 E North Avenue

230 DATE REC'D. BY REGISTRAR 200. REGISTRAR'S SIGNATURE AUG 28 1984



2	21	1.	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE AREG. NO.	2 3	1 4
-x	(-)		CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MO	ONTH DAY YEAR	2b. HOUR
10	(28)	(TYP)	Arthur	. < .	Evans	August 28,	1984	10:15pm
		3. SE		4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHD		
	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	5	PALS	WHITZ	FEB. 18. 1904	80	YRS.	YS HOURS MIN.
-	Pod 18		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR	COUNTY OF DEATH	
	ne oth	6 12	ARYLAND	1). S. A.	WIDOWED DIVORCED	Baltimore	Citu	MD.
	3/0	10 C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI	NG HOME OR OTHER INSTITUTION	128 USUAL OCCUPATION	12b. KIN	D OF BUSINESS OR
5		, P	altimore	Maruland Gene		ASS:T FOR	0.	ack + Oscks
2120	100	USU	AL RESIDENCE (IF NURSING HOME O	R OTHER INSTITUTION, GIVE RESIDENCE BEFOR	RE ADMISSION)	1		21234
9	2 题 图	0	UD AEL	NITY 136. CITY OR TOV	YES NO DE	13e STREET ADDRESS / Z	CHIR C	V.007
BALTIMORE, MARYLAND	within 24 within 24	14. F	ATHER'S NAME		IS. MOTHER'S MAIDEN NA	AME	CHZIL	1021
AR		7	A OTTILLE	MIDDLE . SACO	SI DAR	MIDDLE	5.5	LAST
m,	d camples 1 and	16n. \	VAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL SECTION	URITY NO. 17 INFORMANT	ADDRESS	23	-1016
AOR	× 60 0		YES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES) 212 109		RECORDS		
ĮĮ.	be be		10			1270 402	T APP	ROXIMATE INTERVAL EN ONSET AND DEATH
. PRESTON ST.,	that the death certificate d by the attending physici ease remove carbanopper ol, cremation, or removal. or ather froumatic event.		PART I. DEATH WAS CAUSI IMMEDIA Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	TE CAUSE (a) Sepsis DUE TO, OR AS A CONSEQU (b) Pneumonia DUE TO, OR AS A CONSEQU (c)	NENCE OF A (aspiration) NENCE OF		4	days
DS, 2	requires that signed by Then please in ta burial, cr injury, ar ath	Z	PART 2 OTHER SIGNIFICANT Status Post My	conditions <u>contributing to</u> rocardial Infarct	DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDIT Bart Failure,	TION GIVEN IN PAR	T lia-
AL RECOR	n. no bernit.	CERTIFICATION	ieniie e demontia	Lympha by takowal a	PUKEMBE WAS PERFORMED		106. IF YES, WERE FIN IN CERTIFYING CAU YES	
JE VII	Z S S O T SO		218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH D	AY YEAR	RED (ENTER NATURE OF INJURY II	NITEM IS PART I OR PART	2)
N	HYSICIAN ading ph ading ph buriol-tr Mental I ar Hem I	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE 214 IN JURY OCCURRED	P.M. 21e PLACE OF INJURY	211 LOCATION			
IVISIO	After this e as the table of the and I	ME	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE,		CITY OR TOWN	COUNTY	STATE
	Z Z Z Z		220.1 certify that 4 (this hasp saw the deceased alive as		August 24, 19 84			
•	the haspiral property of the haspiral property of the property		above w we) (did) (short) 22h SIGNATURE At WW	ot) view the body after death.	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIA	220.9	ATE SIGNED
	TUNERAL Id be der Ad be de		224 PHYSICIAN'S NAME (TYPE		22e ADDRESS			1
	7 5 # 5 - 0		Pat Weber, N	I. U.				

BP 6 DHMH - 16 50M 4/83

(VRA 15, 4)

230. BURIAL, CREMATION, REMOVAL (SPECEY) BURIAL 236. DATE 234 NAME OF CEMETERY OR CREMATORY 234 LOCATION CITYORTOWN COU DULANSY

COUNTY

24 FUNERAL DIRECTOR 8800 VANS CHAPEL OF MEMORIES HARFORD ROAD

250, DATE RECD. BY REGISTRAR 270, REGISTRAR'S SIGNAFIRE
SEP 5 1984 Fulia Davidson America

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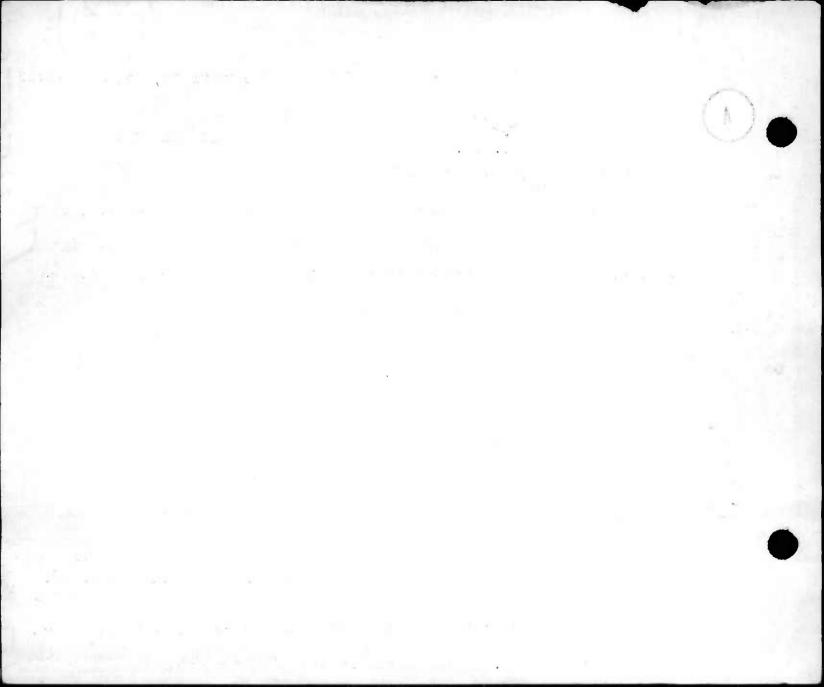
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 -	FOR STATE REGISTRAR		DEPARTMI		EALTH AND A		4.9	REG. NO.		J	1 3	Į.
1 DE	CEASED NAME FIRST	MIDDLE		L	ASI		20 DATE OF DE		H DAY	YEAR	26 HOUR	₹ Ъ
		RIS	Ε.]	EVANS		AUGUS	T 28	, 198	4	-	: 3,3
3 SE	X	RACE		5. DATE C			6 AGE (IN YEARS	LAST BIRTHDAY)	IF UND	DAYS	IF UNDER 2	MIN.
	Female	Blac	1.	MONTH	1 5	3.6	4.8		YRS.	DAYS	HOURS	MIN.
7a B1		L CITIZEN OF WHA		8			9 BALTIMORE			EATH		
COUNTRY) MARRIED X NEVER MA					ARRIED	BALT	MORE	CITY		<u> </u>	MD.	
						12a USUAL OCI			KIND O DUSTRY	F BUSINES	SS OR	
	AL RESIDENCE LIF NURSING HOME OR C											
	STATE 13b. COUNT	1	CITY OR TOWN		13d INSIDE C	NO 🗍	13e STREET ADE			A == =	210	222
_	Maryland		Baltim	ore	4464.5	MAIDEN NAA	2515	Laure	ella	Ave.	212	223
1		IDDLE	LAST			FIRST		IDDLE		LAS	т .	
	James		msey			nes			F	lemn	ning	
	WAS DECEASED EVER IN U.S. ARM YES NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATEST	SOCIAL SECUR		17 INFORMA			ADDRESS				
	known	2	13-32-	5771	Donn	ie Eva	ns 251	5 Lau	rett	a At	enue	5
	18 CAUSE OF DEATH (Enter only	one couse per line	for (o), (b), and	(c).1						BETWEEN	MATE INTERV	/Al DEATH
	PART I. DEATH WAS CAUSED IMMEDIATE		EPATIC	F	ATLUR	6					2 000	outh
	MMCDIAIL			105.05								
1	Condition if you which	DUE TO, OR AS	A CONSEQUEN	ACE OF								
1	Conditions, if ony, which gove rise to immediate	(b)										
	couse (0), stating the underlying couse lost	DUE TO, OR AS	A CONSEQUEN	NCE OF	1.00	0000	INOMA		ĺ	7	2 mo	withe
7	PART 2 OTHER SIGNIFICANT CO	- //	RIBUTING TO DE	EATH BUT	-	TO THE TERM	INAL DISEASE O	RCONDITIO	n given in	PART 16	0	
] [2	CHRONIC	ACTIVE	1161	1771	775.							
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION	FOR WHICH C	OPERATIO .	N WAS PERFO	RMED	200 AUTOPS		IF YES, WER			
E							YES N	0	YES [CHOOLS	NO [
1 %	210. ACCIDENT WAS UNDERLYING	216 TIME OF IN.			21c HOW IN	JURY OCCURR	ED (ENTERNATUR	OF INJURY IN IT	EM 18 PART IO	R PART 21		
	OR CONTRIBUTING CAUSE OF DEAT		MONTH DAT	Y YEAR								
EDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M. 21e PLACE OF IN	VILIRY	19	211 LOCATIO	N						
ME	WHILE NOT WHILE	(AT HOME, STREET, F.		RM ETC }	STREET		C	HY OR TOWN	C	VINUO	51	ATE
	AT WORK AT WORK			oti	, , , , , , , , , , , , , , , , , , , ,	14		8/28		966		
1	22a certify that (I) (this hospite	ol) oftended the dec	ceosed from	74/7	1	_, 19/	to	0/00			thot (It (w	
	sow the deceosed olive on obove, (1) (we) (did) (did not	view the body after	death 19	, 01	nd that in (my)	(our) opinion o	deoth occurred o	n the dote at	nd hour ond	Irom the	couses stat	ted
1	226 SIGNATURE	. ni	,		DEGREE				2	2c DATE	/	,
	12.1le1	In HAU				TTENDING PHYSICIAN [MEDICAL DIRECTOR	STAFF	X	8/0	8/84	
1	226 PHYSICIAN'S NAME LITTE OR	PRINT		_	22e ADDRES				. BAI	TO.	MD.	
	B. FENTON	HALL			JOHI	VS HZ	PKINS		PITA		2120	
00			100 01	1115 OF 2	EMETERY OR (DE-114-200:	123d LOCATIO				2120	, ,
	BURIAL, CREMATION, REMOVAL	23b DATE					CITY OR	OWN	COU			ATE
	OKIAL	9/5/84	Ce	dar	Hill	Cem.	Anne	Arunc	iel C	0,	Me	<u>d.</u>

DHMH - 16 50M 4/B3 (VRA 15, 4)

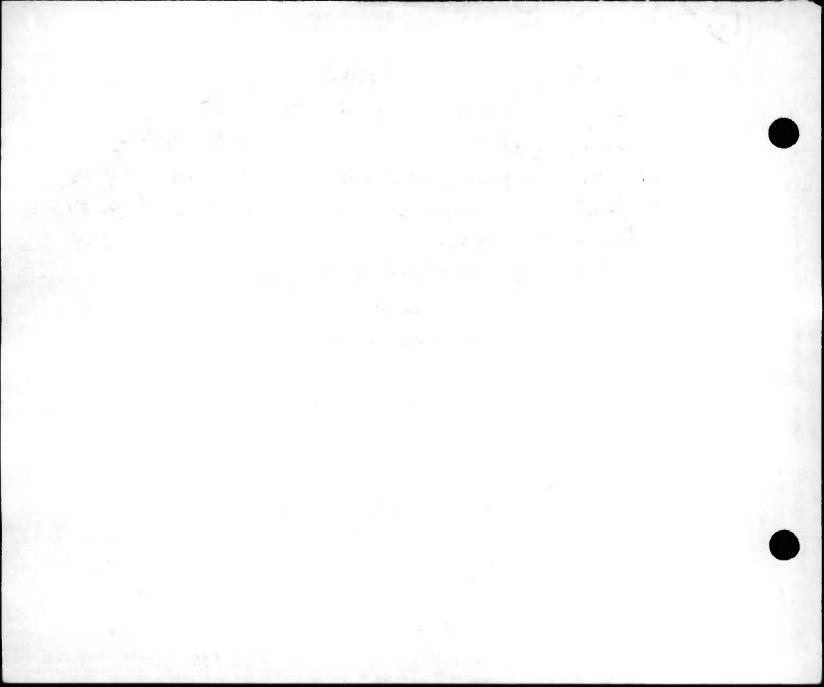
Wm C March F/H Inc. 1101 E North Avenue

AUG 3 0 1984 Julia Davidson Randare



	D		1 -	FOR STATE REGISTRAR	DEPAI	RTMENT OF HEALTH AND MEN' CERTIFICATE OF DEAT		2 3 0
ă	1			CASED NAME JAME	S G.	EVALS	2a DATE OF DEATH	8 24 84 3 pm m
100	A)	3. SEX	M	Black	5. DATE OF BIRTH	6. AGE (INYEARS LAST B)	MONTHS DAYS HOURS MIN.
death Po	un 72 ho	79	(:	OUNTRY) OUNTRY)	76 CITIZEN OF WHAT COUNTR	MARRIED NEVER MARR	CED Baltone	MU.
urs offer	by the filled	32	3	Memore	Wymau Par	n respected	10N 12a USUAL OCCUPAT	
n 24 hau	hould be	35	n n	LE RESIDENCE (IF NURSING HOME OF		OWN 13d. INSIDE CITY L YES ON NO	14102 FIC	instaped Rel 21211
ited with	ampletel	20	0	ertin R	EVAUS EVAUS	SR. MARGA	RFT MIDDLE	ROY
be execu	s. Pages		16a V		MED FORCES? 166 SOCIAL SE (E WAR OR DATES) 21823	903 Mes Mark	AGUES FUARS 411	ST EVARS CHROKERORD
ertificate	g physici conpape remaval.			PART I. DEATH WAS CAUSE	nly ane cause per line for (a), (b), D BY TE CAUSE (a) Lift CAS	Inprestatur i	elma therm	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 4827-3
ne death ce	e attendin mave carb matian, ar			Conditions, if any, which gave rise to immediate	DUE TO, OR AS A CONSEC		was culor acu	ant
s that th	ed by the please re real, crea			cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEC	O DE ATH BUT NOT RELATED TO	of laughgeel	carehorn
ednire	Then I		NO		. / / /		1aryn >	NOTION GIVEN IN PART 110
he law	has been to be be been to be been	9	CERTIFICATION	190 DATE OF OPERATION		COTORON WAS PERFORME	D 200 AUTOPSY? YES NO	206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO
CIAN: T	ertificate ial-transi ntal Hyg	9		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE-	HOUR A.M. MONTH	DAY YEAR	OCCURRED (ENTER NATURE OF IN)	IURY IN ITEM 18 PART I ORPART ?}
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AL OR A	L DIRECTORED TO THE DEPT			27h. SIGNALINIE	W. Krl, m	DEGREE ATTEM	NDING MEDICAL STA	AFF ICIAN 221. DATE SIGNED
HOSPIT.	should be d	1		220 PHYSICIAN'S NAME (TYPE OF Lucille W.	King (220 ADDRESS Wymen &	2 //	Wynenfork Dr. Balt. M.
₽ ĕ BP.	O de s		C	URIAL, CREMATION, REMOVAL SPECIFY)	0 1. 01/1	NAME OF CEMETERY OF CREM	MATORY 23d LOCATION BACTO,	Co. MO STATE
	16 50M 4/8 A 15, 4)	33	24 Ft	INERAL DIRECTOR	15 7222 CV NO		AUG 3 1 1984	R 25b. REGISTRAR'S SIGNATURE Savidson-Randalle.

STATE OF MARYLAND



TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer retained by the hospital or attending physician.

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician a should be detached for use as the buriol-transit permit. Then please remove corbon papers. The with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

and the

1.	REGISTRAR					REG.			
	CEASED NAME	FIRST	WIDDIE		LAST	20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
,		SEPINE	T.	EXENS	EVANS	AUGUS	т 03	.1984	2.4
3 SEX		4 RACE		5 DAT	E OF BIRTH	6. AGE (IN YEARS LAST	BIRTHDAY)	MONTHS DATS	
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	RTHPLACE (STATE OR FORE	IGN 76 CITIZEN	OF WHAT COL	INTRY?	RIED NEVER MARRIED	9 BALTIMORE CITY	OR COUN	TY OF DEATH	
1	Ma.	u.	5.A.		WED DIVORCED	13A/+	0. (11+1	
10 CI	TY OR TOWN OF DEATH			NURSING HOM	E OR OTHER INSTITUTION	120 USUAL OCCUPA			OF BUSINESS
15	Altimore	- 10	UREL	140	SDITAL	21	AKE	r	Home
USUA 13a. S	AL RESIDENCE (IF NURSING	HOME OR OTHER INSTITUT	ION, GIVE RESIDEN		13d. INSIDE CUY LIMITS	? 130 STREET ADDRES	S / ZIP CO	ODE	2/27
	190		B	Alto.	YES NO	2215,	EAX	0N 54	reet
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L	4/91	-	TAGLI	Afere	1 ASSUNT	54		FA	BIAN
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	NO	TES, ONE WAN ON DATE.	215	-12-82	5 MR. EU.	gene CIE	VAN	5 BANT	to mid
8.1	18 CAUSE OF DEATH	Enter only one couse	per line for (a)	, (b), and (c).)	CARDIOPU	LMONARY		APPRO	XIMATE INTERVAL
	PART I. DEATH WAS	CAUSED BY:	SARBOR	MEMMAN	CRX ARREST	MINUTES			
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DHMH - 16 50M 4/83 (VRA 15, 4)

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ury, or ather troumotic event, the medico ned by the offending physicion and please remove carbon popers. Pages cremotion, or removol.

MPORTANT, If them 21 is marked TO FUNERAL DIRECTOR, AH-should be deteched for use or with the Stote Dept, of Health

24 FUNERAL DIRECTOR

STATE OF MARYLAND

DEPARTME

STATE OF MARTLAND		
ENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IENE	4
CERTIFICATE OF DEATH		REG. NO
LAST	2- DATE	OFDEATH

- STATE REGISTRAR CERTIFICATE OF DEATH REG. NO.									
I. DECEASED NAME	FIR51		WIDDLE	l	ASI	20. DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR
(TYPE OR PRINT)	Charl	es		Evin	son		08/31	./84	3:20A M
3. SEX		4 RACE		S. DATE C		6. AGE (IN YEARS LAST	BIRTHDAY	IF UNDER 1 YEAR	
Mai	le	Wh	ite	01	/09/09 YEAR	73	YRS	MONTHS: UAYS	HOURS MIN.
70. BIRTHPLACE (ST	ATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	-		9. BALTIMORE CITY		Y OF DEATH	
U.S.	A .	U	S.A.	WIDOWE	D NEVER MARRIED XX	Baltimore	City		MD.
IO. CITY OR TOWN C		11. NAME OF	HOSPITAL, NURSIN	IG HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPA	TION		OF BUSINESS OR
Balto		Mt. V		e Cen	ter, Inc.	Driver	OF WORKING I	Ca	
USUAL RÉSIDENCE (130. STATE Md	13b CO		13c CITY OR TOW Balto		134 INSIDE CITY LIMITS?	13e STREET ADDRESS	th St	DE 212	18
14 FATHER'S NAME	1786	MIDDLE	LAST		IS. MOTHER'S MAIDEN NA	WE	130	ĮA.	st
60 WAS DECEASED			16b. SOCIAL SECU	JRITY NO.	17. INFORMANT	ADD	RESS 5	01 W. 2	8th St.
Unknown	WN) IF YES.	GIVE WAR OR DATES)	217-03-	3539	Mr. Paul Pl	lacide 1	Balto.		
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220.1 certify the	hot (I) (this ho	00/		0/	19 84 nd that in (my) (our) opinion	, todeoth occurred on the			that (I) (we) lost couses stated
22b. SIGNATU	L.	lede	y		DEGREE ATTENDING PHYSICIAN	MEDICAL ST DIRECTOR PHYS	AFF SICIAN 🗌	22c. DATE	31/84
22d. PHYSICIA	RUBO		FIDER	. M!	7. 7445	FURNACI	E BR	ANCH I	Rdbleuk
230 BURIAL, CREMA	TION, REMOV	AL 236 DATE	23c. 1	NAME OF C	EMETERY OR CREMATORY	23d LOCATION		COUNTY	100 210
(SPECIFY) Ren	noval	8/31	/84			CITORIOWN		COUNTY	STAIR

SFP 0 5 1084 May down Rangelle

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Anatomy Board Balto. Md. Tal Ave

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TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filled with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, or removal.

injury, or other troumotic event, the medical

IMPORTANT: If Hem 21 is morked or Hem 18 shows any

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - S	FOR STATE REGISTRAR		DEPARTMENT OF HEALTH AND MENTAL HYGIENES 4 2 5 1 7 CERTIFICATE OF DEATH REG. NO.							
1. DECE	ASED NAME	FIRST		MIDDLE	1	AST	20 DATE OF D		DAY YEAR	2b. HOUR
(TYPE OR	RPRINT)	ERT			FALLIN			8	29 84	1:15 PM
3. SEX		1277	4 RACE		S. DATE C		6. AGE (IN YEAR	S LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS
-	MALE BLACK 1			MONTH	18 17		66 YRS		HOURS MIN.	
7a. BIRTHPLACE (STATE OR FOREIGN 7b. CITIZEN OF WHAT COUNTRY)			S. Carlotta VI		D NEVER MARRIED	9 BALTIMORE	CITY OR COUN	TY OF DEATH		
	Maryland U.S.A. WIDOWED X DIVORCE O CITY OF TOWN OF DEATH 111. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION				- Lake	13/1	7 MORE	2117	MD.	
-				H FACILITY, GIVE STREET AD		OR OTHER INSTITUTION	12a USUAL OC	CUPATION OR MOST OF WORKING		OF BUSINESS OR
	ALTIMORE		SINAL	HOSPITM						
USUAL 13g STA		136 COUN		GIVE RESIDENCE BEFORE A		134 INSIDE CITY LIMITS?	13. STREET AD	DRESS / ZIP CO	DE	
1	MD	-7		BALTO		YES NO			DAVE	21205
14 FATH	HER'S NAME					15. MOTHER'S MAIDEN NA	AME			
	Gardner	^	MIDDLE	Fallin		Sadie		AIDDIE	ĮAS	ST .
	S DECEASED EVER	IN U.S. ARA	MED FORCES?	166 SOCIAL SECUR	ITY NO.	17 INFORMANT		ADDRESS		
	known	(IF YES, GIVE	WAR OR DATES)	218-05-	4848	Mary A. Ja	ckson	4735 Re	eisters	town Rd
		H (Enter on	v one couse per	line for (a), (b), and		11.02 / 11. 00	Choon	1133		MATE INTERVAL ONSET AND DEATH
	PART I. DEATH V	VAS CAUSEI	BY.	CARDIAC		PREST				MINUTES
		IMMEDIAT	E CAUSE (o)	LANIMIC	177	(1031			10	MINUTES
100				R AS A CONSEQUEN			nr 200		2.	01
	Conditions, if ony gove rise to im-		(b)	METHITIM	16	CANCELL C	of pre	STATE	1	1 1
	couse (o), stati	ng the	DUE TO, O	R AS A CONSEQUEN	ICE OF				5 5	
	underlying couse	1031	(c)							
	PART 2 OTHER SIG	NIFICANTO	ONDITIONS CO	ONTRIBUTING TO DE	ATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE C	OR CONDITION C	GIVEN IN PART I	0.
ō	PROBABLI	E OBJ	STRUCTION	V OF SMA	4	BOWEL				
CERTIFICATION	DATE OF OPERA	TION	196 COND			N WAS PERFORMED	200 AUTOPS		YES, WERE FINDI	
EL							YES -	X	YES [№ □
W 2	10. ACCIDENT WAS UN	-	4 4 40 4 40 4		VEAD	21c. HOW INJURY OCCUR	RED (ENTER NATUE	E OF INJURY IN ITEM I	B PART I OR PART 2)	
	OR CONTRIBUTING		IH	M. MONTH DAT	19 19	No. of the last of the				
	1d. INJURY OCCUR		21e. PLACE	OF INJURY		211 LOCATION			40.00	12
	WHILE NOT W	HILE	(AT HOME, STI	REET, FACTORY, OFFICE, FAR	PM. ETC)	STREET		ITY OR TOWN	COUNTY	STATE
-	20.1 certify that		ol) attended th	e decensed from	81	25 10 84	10 8/	29	10 84	that (D (we) last
			6.8 4		24 . 01	nd that in (my) (our) opinion	death occurred	on the date and h		~
	sow the deceas		the same of the boarder	added donah						
1 2	sow the decease	did) (did not	view the body	A		DECREE				SIGNED
2	obove, (I) (we)	did) (did not	Col.	0_		DEGREE ATTENDING	MEDICAL	STAFF	22c DATE	SIGNED
	76. SIGNATURE	2	Gold	luc luc		AD ATTENDING PHYSICIAN [MEDICAL DIRECTOR	STAFF PHYSICIAN		SIGNED 29/84
	obove. (1) (we)	2	Gold	bry 110		ATTENDING PHYSICIAN [DIRECTOR _	PHYSICIAN		SIGNED 29/84
	76. SIGNATURE	2	Gold	berg :	nD	AD ATTENDING PHYSICIAN [DIRECTOR L	PHYSICIAN POST		SIGNED 29/84
23a BUF	176. SIGNATURE 124. PHYSICIAN'S N AARCA RIAL, CREMATION,	AME (TYPE OF D.	Gold (236. DATE	berg 136 NJ	4D	ATTENDING PHYSICIAN PHYSICIAN SWA1 H	DIRECTOR LOSP 1 THE	9014	22c DATE	29/84
23a BUF	176. SIGNATURE LAN 17d. PHYSICIAN'S N AARCA	AME (TYPE OF D.	Gold Gold	berg 136 NJ	4D	AD ATTENDING PHYSICIAN [DIRECTOR LOSP 1 THE	PHYSICIAN POST	22c DATE	SIGNED LI/JY Md ¹ ATE
23a BUF	176. SIGNATURE 124. PHYSICIAN'S N AARCA RIAL, CREMATION,	AME (TYPE OF D.	Gold (236. DATE	berg 136 NJ	4D	ATTENDING PHYSICIAN PHYSICIAN SWA1 H	DIRECTOR LOSP 1 THE	9014	22c DATE	29/84

DHMH - 16 50M 4/83 (VRA 15, 4)

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retained by the hospital ar attending physician.

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	redesed such that	Mer Arrana	

Poges

Mental Hygiene

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MPORTANT.

STATE OF MARYLAND CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REG. NO.				
	20 DATE OF DEATH MONTH	28	84	26 HOL	P N
	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDE	RIYEAR	IF UNDE	24 HR5
	79 YRS	MONTHS	DAYS	HOURS	MIN,
	9 Baltimore City or Coun Baltimore Ci		ATH		
٦.	I DOTATION OF	Uy			445

13e.STREET ADDRESS / ZIP CODE 2809 Kildaire Drive

ADDRESS

MIDDLE

如如何必是一个一	WHITE	109-04-04
IRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED

WIDOWED DIVORCED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION LIE NOT IN SUCH FACILITY GIVE STREET ADDRESS!

17h KIND OF BUSINESS OR INDUSTRY DETIPE Auto Mechanic

7	Baltimore	Good S	Smaretan	Hosp ?	tal	
	USUAL RESIDENCE (IF NURS 130 STATE Md	ING HOME OR OTHER INSTITUTION 136 COUNTY	IN GIVE RESIDENCE BEFORE 13 CITY OR TOWN BALTIMOI	1	13d. INSIDE YES	CITY LIMITS?

MIDDLE

MORE

15. MOTHER'S MAIDEN NAME

Rose

Scalco

21234

Vincent 160 WAS DECEASED EVER IN U.S. ARMED FORCES? NO OR UNKNOWN) INF YES, GIVE WAR OR DATES!

> gove rise to immediate couse (o), stoting the

underlying couse

FOR

- STATE

REGISTRAR DECEASED NAME LIVPE OR PRINTS

Mississippi

IR CITY OR TOWN OF DEATH

14 FATHER'S NAME FIRST

> Farace 16h SOCIAL SECURITY NO 216-05-0698

17. INFORMANT

Katharine M. Farace 2809 Kildaire Drive

18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY RDIAC IMMEDIATE CAUSE (0) DUE TO, OR AS A GONSEQUENCE OF Conditions, if ony, which

DUE TO OR AS A CONSEQUENCE OF

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

198 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION	WAS PERFORMED
	Small Bowel ob	struction
OR CONTRIBUTING CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR	21c HOW INJURY (
LE ELTHER MOTHEN MEDICAL EXAMINER	P.M. 19	

NOK OW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

70a AUTOPSY?

21e PLACE OF INJURY

211 LOCATION (AT HOME STREET FACTORY, OFFICE FARM ETC.)

and that ip (my)

our) opinion death occurred on the date and hour and from the causes stated

21d INJURY OCCURRED NOT WHILE

COUNTY STATE CITY OR TOWN

20b. IF YES, WERE FINDINGS USED

IN CERTIFYING CAUSES OF DEATH?

22a.1 certify that (1) (this hospital) attended the deceased from obove (I) we (did) did not) view the body ofter death

DEGREE

ATTENDING PHYSICIAN

STAFF MEDICAL DIRECTOR | PHYSICIAN 22c. DATE SIGNED

224. PHYSICIAN'S NAME AYPE OR PRINT)

5601 LOCH RAVEN BLUD

23e BURIAL, CREMATION, REMOVAL Burial

23¢ NAME OF CEMETERY OR CREMATORY Sept. 1,1984 Moreland Mem. Park 23d LOCATION CITY OR TOWN Baltimore

24 FUNERAL DIRECTOR

CERTIFICATION

MEDICAL

Leonard J. Ruck, Inc. Baltimore, Maryland

Whice Devideon Bandette

DHMH - 16 50M 4/83 (VRA 15, 4)

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STATE OF MARYLAND	
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2

1.	FOR STATE REGISTRAR		DEPART		EALTH AND MENTAL H	0 1	. NO.	J	4	
	CEASED NAME FIR	ST	WIDDLE	l	AST	2c. DATE OF DEAT		AY YEAR	26 HOUR	
(IYPI	E OR PRINT)	UGUSTA	THERESA	FA	RLEY		8 23	3 84	41	PM
3. SE	x	4 RACE		5. DATE C	OF BIRTH	6 AGE (IN YEARS LAS	ST BIRTHDAY]	F UNDER I YEAR	IF UNDER 24	HRS.
1	F	WH	ITE	COC		7 86	YRS.	ONTHS DAYS	HOURS N	W 114.
	IRTHPLACE (STATE OR FOREIG	76 CITIZEN C	F WHAT COUNTRY	8.	NEVER MARRIED	9 BALTIMORE CIT	Y OR COUNTY	OF DEATH		
	COUNTRY) MD.	()	.S.A.	WIDOWE		BAL	TO. (TITH		MD.
10 C	ITY OR TOWN OF DEATH		F HOSPITAL, NURSI		OR OTHER INSTITUTION	120 USUAL OCCUP	PATION OSLOF WORKING LIFE		F BUSINESS	OR
1	BALTO.	57	- AGNE	-5 /	losp.	FUNGRAL	DIRECTOR		4	
		OME OF OTHER INSTITUTE COUNTY ALTO	ON GIVE RESIDENCE BEFOR		13d. INSIDE CHTY LIMITS	66011	SS ZIP CODE	ick h	1128 11E.	
M. F	ATHER'S NAME	Mode -	VOE		MARGA	PRET MIDD		DONE	iell	_
		.S. ARMED FORCES YES, GIVE WAR OR DATES		2577	AGNES E	. 11	VEG			
	18. CAUSE OF DEATH (ET PART I. DEATH WAS C	nter only one couse p CAUSED BY: NEDIATE CAUSE (0)	per line for o) (b), or	YW	ory ARRE	-5+		APPROXI BETWEEN C	MATE INTERVAL ONSET AND DE	ATH
		ich (b)	OR AS A CONSEQUE	thin	- CHK	onie Re	ned fail	ine		
	PART 2 OTHER SIGNIFIC	ANT CONDITIONS	CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TE	ERMINAL DISEASE OR C	ONDITION GIVE	N IN PART To)	
NO NO	ANEMIA	> URIN	ARY TK	OCT	In Acctio	· 1511	CVA			
CERTIFICATION	190. DATE OF OPERATION	196 CON	IDITION FOR WHICH	H OPERATIO	N WAS PERFORMED	20€ AUTOPSY? YES □ NO[IN CERTIFY	WERE FINDIN		,
	210. ACCIDENT WAS UNDERLY I OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL EX	OF DEATH HOUR		AY YEAR		URRED (ENTER NATURE OF	INJURY IN ITEM 18 PA	RT I OR PART 2)		
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		STREET, FACTORY, OFFICE,	FARM ETC)	21f. LOCATION STREET	CITY C	NWO1 9C	COUNTY	STAT	E
	22a.1 certify that (1) (this sow the deceased of above, (1) (we) (did) (ive on	2 19	x4 (nd that in (ray) (our) opini	ion death occurred on the	dote and hour		that (I) (we) couses states	
	27% SIGNATURE	ZNou	F			G MEDICAL DIRECTOR PH	STAFF YSICIAN 💢	22c. DATE	SIGNED 4	
	ELN OU	0 1 1 00	HAME.	5	960 CA	TON AVE	= 121:	229	•	
	BURIAL, CREMATION, REM	OVAL 236. DATE		NAME OF C	EMETERY OR CREMATOR	23d. LOCATION	N	COUNTY	SMY	1'2

DHMH - 16 50M 4/83 (VRA 15, 4)

BP

TO FUNERAL DIRECTOR, After this certificate has been signed by the ottending physicion and should be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

IMPORTANT: If them 21 is marked or them 18 shaws pay injury, or other traumatic event, the

24 FUNERAL DIRECTOR

250. DATE REC'D. BY REGISTRAR'S SIGNATURE
ALIC O Q MOA Fulia Davidson-Randale

PER ER GENERALE LANGUER Will Distrika STATE OF THE STATE MEAN OF THE VERY STREET STREET The state of the second state of the second en la faction de la latera de la latera de la latera de la latera de la latera de la latera de la latera de la

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE OF DEATH MONTH 2h HOUR 1. DECEASED NAME FIRST (TYPE OR PRINT) EPIRER DATE OF BIRTH (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR TO BIRTHPLACE ISTATE OR FOREIGN 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY). WIDOWED DIVORCED 12b. KIND OF BUSINESS OR NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a. USUAL OCCUPATION TYPE OF WORK-FOR MOST OF WORKING LIFE! INDUSTRY eaker, USUAL RESIDENCE (# NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130 STATE 1136 COLINTY 13e STREEF-ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? altimore NO [15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE MIDDLE LAST 17 INFORMANT 16a WAS DECEASED EVER IN U.S. ARMED FORCES? 00 166 SOCIAL SECURITY NO (YES, NO OR UNKNOWN) (IE YES GIVE WAR OR DATES) 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b) PART I. DEATH WAS CAUSED BY E Lon el IMMEDIATE CAUSE IO DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 206. IF YES, WERE FINDINGS USED 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? à INCERTIFYING CAUSES OF DEATH? NOTE verial-transit p YES [YES [NO F 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IS PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL P.M (IF EITHER, NOTIFY MEDICAL EXAMINER) 211 LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY ō COUNTY CITY OF TOWN STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET arked NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased DIRECTOR sow the deceased olive an, and that in (my) (our) opinion death occurred on the date and hour and from the course stated above, (1) (we) (did) (did not) view the body after deat THE DATE SIGNED 22b. SIGNATURE DEGREE STAFF detac ATTENDING MEDICAL

PHYSICIAN PHYSICIAN

23d LOCATION

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S STONAL LIBE

COUNTY

22e ADDRESS

736 NAME OF CEMETERY OR CREMATORY

BP (VRA 15, 4)

DHMH - 16 50M 4/83

FUNERAL Could be deton

PORTANT

224 PHYSICIAN'S NAME (TYPE OR PRINT)

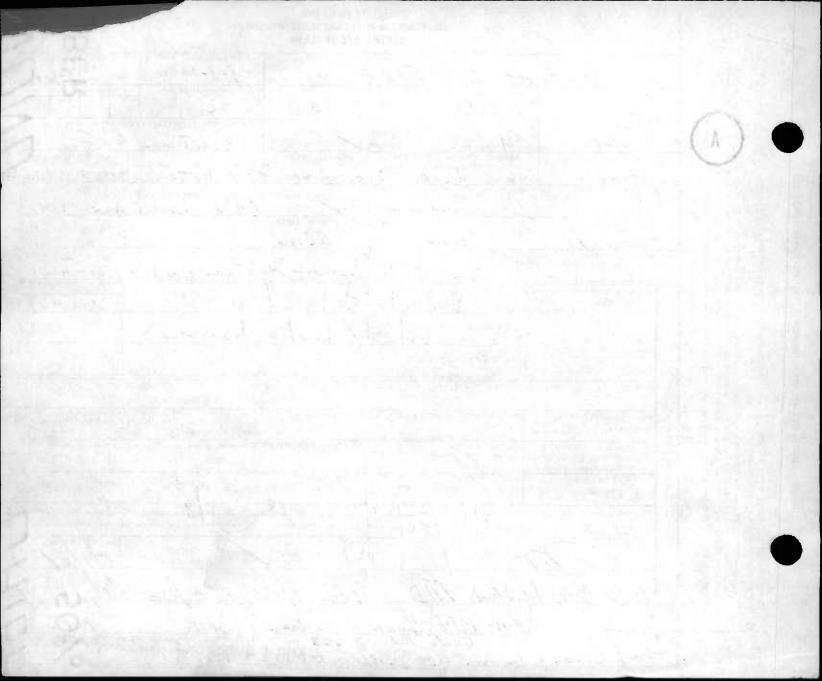
23b. DATE

230. BURIAL, CREMATION, REMOVAL

SPECIFY)

unel

N FUNERAL DIRECTOR



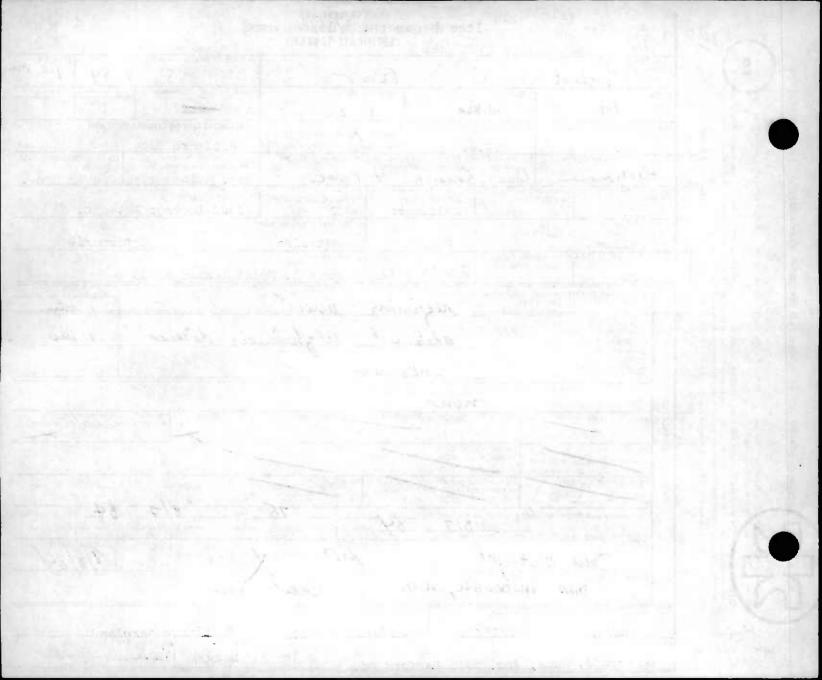
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 retained by the haspital or attending physician.

	1. DECEA	ASED NAME FIRST PRINT) Tylins		MIDDLE	FEI	S T	20. DATE OF DEATH	MONTH 8	8 84	26. HOUR
,	3. SEX	M	4 RACE wh:	Le	S. DATE C		6. AGE (IN YEARS LAST	HRTHDAY)	IF UNDER 1 YEAR	IF UNDER 2
oug 35	7s. BIRTH	HPLACE (STATE OR FOREIGN NTRY)	76. CITIZEN OF	WHAT COUNTRY?	8. MARRIE WIDOWE	NEVER MARRIED D	9. BALTIMORE CITY Baltimor			
2 Hillied	7	ORTOWN OF DEATH	11. NAME OF		ADDRESS)	OR OTHER INSTITUTION	120. USUAL OCCUPA (TYPE OF WORK FOR MOS Ret. Main		LIFE) INDUSTRY	of Busines er Bro
ed sus 5	USUAL R	RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTION		'N	13d. INSIDE CITY LIMITS?	130 STREET ADDRESS	5	212	37
Cominer	14. FATH	ER'S NAME FIRST Julius	MIDDLE	reist		15. MOTHER'S MAIDEN NA FIRST Mathilda			stermar.	AST
medical		S DECEASED EVER IN U.S. NO ORUNKNOWN) (IF YES,	ARMED FORCES? GIVE WAR OR DATES)	166. SOCIAL SECU 216-05-9		17. INFORMANT Agnes M. Fe		RESS as 1	3 e	
t, the	18.	CAUSE OF DEATH (Enter	anly one couse pe SED BY:			2.12.5			APPRO BETWEEN	XMATE INTERVIONSET AND I
ther troumotic ever	0	Conditions, if pny, which gave rise to immediate ause (a), stating the	(b)_	DR AS A CONSEQUE	ENCE OF		ie's dis	eare	,	mo
ury, ar other troumotic ever	9 0 P	Conditions, if Dny, which gove rise to immediate ause (a), stating the underlying cause lost.	DUE TO, C	OR AS A CONSEQUE OR AS A CONSEQUE ONTRIBUTING TO D	ence of ence of worv				IVEN IN PART 1	mo
ws any injury, ar other traumatic ever	9 0 P	Conditions, if Dny, which gove rise to immediate ause (a), stating the underlying cause lost.	DUE TO, C (b) DUE TO, C (c) T CONDITIONS C	OR AS A CONSEQUE OR AS A CONSEQUE CONTRIBUTING TO E	ENCE OF LUCE OF LUCE OF LUCE OF LUCE OF	<u>~</u>	INAL DISEASE OR CO	20b. IF Y	ES, WERE FIND IFYING CAUSE	INGS USED S OF DEATI
m 18 shaws ony injury, ar other troumotic ever	CERTIFICATION 130	Conditions, if Dny, which pove rise to immediate ause (a), stating the underlying cause last. ART 2. OTHER SIGNIFICAN DATE OF OPERATION ACCIDENT WAS UNDERLYING. R CONTRIBUTION (CAUSE OF	DUE TO, C (b) DUE TO, C (c) T CONDITIONS C 19b. CONE DEATH HOUR A	OR AS A CONSEQUE OR AS A CONSEQUE ONTRIBUTING TO E OUTTON FOR WHICH	ENCE OF	NOT RELATED TO THE TERM	206 AUTOPSY?	20b. IF Y	ES, WERE FIND IFYING CAUSE YES []	INGS USED S OF DEATH
ked or Item 18 shaws ony injury, or other troumotic ever	TEDICAL CERTIFICATION	Conditions, if pny, which gove rise to immediate cause (a), stating the underlying cause lost. ART 2. OTHER SIGNIFICAN B. DATE OF OPERATION C. ACCIDENT WAS UNDERLYING R. CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF MILE NOT WHILE NOT WHILE	DUE TO, C (b) DUE TO, C (c) T CONDITIONS C 19b. CONE HOUR A NER) 21b. TIME C HOUR A	OR AS A CONSEQUE OR AS A CONSEQUE CONTRIBUTING TO D OTTION FOR WHICH OF INJURY	ENCE OF LOW DEATH BUT OPERATIO	NOT RELATED TO THE TERM	206 AUTOPSY?	20b. IF Y IN CERT	ES, WERE FIND IFYING CAUSE YES []	INGS USED
21 is marked ar Hem 18 shaws any injury, ar other traumatic ever	MEDICAL CERTIFICATION	Conditions, if Dny, which gove rise to immediate ause (a), stating the underlying cause lost. ART 2. OTHER SIGNIFICAN DATE OF OPERATION CALLED TWAS UNDERLYING R CONTRIBUTION CAUSE OF COURED WHILE ALL WARK ALL WORK CALLETTY that (1) (this ho sow the deceased alive	DUE TO, C (b) DUE TO, C (c) T CONDITIONS C 19b. CONE HOUR A HOUR A NER) 21b. TIME (AT HOME. S)	OR AS A CONSEQUE ONTRIBUTING TO E ONTRIBUTING	ENCE OF LOW OPERATION OPERATION AT YEAR 19	NOT RELATED TO THE TERM ON WAS PERFORMED 21c. HOW INJURY OCCUR	200 AUTOPSY? YES NO SERED (ENTER NATURE OF IN	20b. IF Y IN CERT JURY IN ITEM 18	ES, WERE FIND TIFYING CAUSE YES PART 1 OR PART 2)	INGS USED S OF DEATH
If them 21 is marked or them 1	MEDICAL CERTIFICATION	Conditions, if Dny, which pove rise to immediate ause (a), stating the underlying cause lost. ART 2 OTHER SIGNIFICAN B. DATE OF OPERATION C. ACCIDENT WAS UNDERLYING R. CONTRIBUTION CAUSE OF CAUSE	DUE TO, C (b) DUE TO, C (c) T CONDITIONS C 19b. CONE HOUR A HOUR A NER) 21b. TIME (AT HOME. S)	OR AS A CONSEQUE ONTRIBUTING TO E ONTRIBUTING	ENCE OF LENCE NOT RELATED TO THE TERM ON WAS PERFORMED 216. HOW INJURY OCCUR 216. LOCATION STREET	206 AUTOPSY? YES NOTICE OF INCLUDING OF INCL	20b. IF Y IN CERT JURY IN ITEM 18 TOWN AFF	ES, WERE FIND IFYING CAUSE YES PART 1 OR PART 2) COUNTY 19 5 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	INGS USED S OF DEATH	
hem 21 is marked ar hem 1	MEDICAL CERTIFICATION 12 12 13 14 15 15 16 17 17 18 18 18 18 18 18 18 18	Conditions, if Dny, which pove rise to immediate cause (a), stating the underlying cause lost. ART 2. OTHER SIGNIFICAN DATE OF OPERATION C. ACCIDENT WAS UNDERLYING R. CONTRIBUTION C. AUCIDENT WAS UNDERLYING C. AUCIDENT WAS UNDERLYING C. AUCIDENT WAS UNDERLYING ALL WORK C. L. CERTIFY that UNDERLYING SOW the deceased olive above, (i) (we) (did) (did)	DUE TO, C (b) DUE TO, C (c) T CONDITIONS C 19b. CONE HOUR A MER! 21b. TIME C HOUR A MER! 21c. PLACE (AT HOME. S spital) ottended t on not) view the bod	OR AS A CONSEQUE ONTRIBUTING TO E ONTRIBUTING	ENCE OF LEATH BUT OPERATIO AT YEAR 19 ARM. ETC.)	NOT RELATED TO THE TERM ON WAS PERFORMED 216. HOW INJURY OCCUR 216. LOCATION STREET , 19 and that in (my) (our) opinion DEGREE ATTENDING	206. AUTOPSY? YES NOTE: NOTE	20b. IF Y IN CERT JURY IN ITEM 18 TOWN AFF	ES, WERE FIND IFYING CAUSE YES PART 1 OR PART 2) COUNTY 19 5 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	INGS USED S OF DEATH NOTE: , that (I) (we couses state

DHMH - 16 50M 4/ (VRA 15, 4)

BP.



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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2	-	()	la	

126. KIND OF BUSINESS OR

DENTISTRY

INDUSTRY

REGISTRAR				CERTIFI	CATE OF	DEATH		REG. NO.				
1. DECEASED NAME	FIRST	WIDD	LE	IA5	51	The state of	20 DATE OF	DEATH MONT	H DAY	YEAR	26. HOL	JR
DR .	SIDNEY			FE	TOM	AN.		Aus	15	1984	100	5
3. SEX	4. RAC	E		5. DATE OF	BIRTH	W. 15	6 AGE INYE	ARS LAST BIRTHOAY	# Un	NDER I YEAR	IF UNDER	24 HR5
MALE	(4	fuc		OCT MONTH	2-0	1896	87		YRS	HS DAYS	HOURS	MIN.
	TE OR FOREIGN 76. CIT	IZEN OF WH	AT COUNTRY?				9. BALTIMOR	E CITY OR CO	UNTY OF	DEATH		
NEW VOI	DV 1	YXYC	HSA	MARRIED		MARRIED L	RAIT	44. 450	ns.	w		

NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION

16b. SOCIAL SECURITY NO

I'S NOT IN SUCH FACILITY, GIVE STREET ADDRESS! WA; HOSPITAL

10 CITY OR TOWN OF DEATH

NO

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE 2107 FALLSMAFF RD NO

UNKNOWN

TYPE OF WORK FOR MOST OF WORKING LIFE)

15 MOTHER'S MAIDEN NAME UNKNOWN

> MR. LARRY AMPULISON 17. INFORMANT 16 CORAL DR. LEXINGTON PARK, MD 20653

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY. SPIRATORY MIN IMMEDIATE CAUSE 10. CAPDIO WASCHLAR COLLAPSE Conditions, if ony, which couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF PERFORATED UISCUS underlying couse

FIRST

CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

19a DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 206. IF YES, WERE F YES, I NOM YES, I NOM YES, II				
710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21¢ HOW INJURY OCCU	JRRED (ENTER NATURE OF INJU	YES	но 🗌
ZId. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE FARM, ETC.)	211 LOCATION STREET	CITY OR TO	WN COUNTY	STA

DEGREE

22a.1 certify that (1) (this haspital) attended the deceased from sow the deceased alive on above, (1) (we) (did) (did not) view the body after death

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 221 DATE SIGNED

226. SIGNATURE

ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS

224 PHYSICIAN'S NAME (TYPE OR PRINT)

BELLEVERE 6 LEBUSPRING

N-W	MODEN
(SPECIFY) BURIAL	REMOVAL AUG. 28, 1984

231. NAME OF CEMETERY OR CREMATORY BETH ISAAC ADATH ISRAEL

23d LOCATION BALTIMORE

MARYLAND

24 FUNERAL DIRECTOR SOL LEVINSON

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE wha Law doon-Mandall

DHMH - 16 50M 4/83 (VRA 15, 4)

FUNERAL DIRECTOR

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6010 REISTERSTOWN RD.

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STATE OF MARYLAND

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	FOR STATE: REGISTRAR			NENT OF H	E OF MARY BEALTH AND COLOTE OF	MENTAL HY	GIENES 4	2 1	j	2 3
(TYP	CEASED NAME FIRST ROOM (ROLL))GER)	MIDDLE F	ENN	ER		20. DATE OF DEATH	8 2	1 84	26 HOUR 10 SAM
3. SE	IALE	4 RACE Bla	ck	5. DATE (YEAR 03	6 AGE (IN YEARS LAST B		ONTHS DAYS	
N.	IRTHPLACE (STATE OR FOREIGN COUNTRY) Carolina	1	what Country?	8. MARRIE WIDOWE	XXX NEVE	R MARRIED DIVORCED	9 BALTIMORE CITY Baltimo			MD.
I	Baltimore	Provi	HOSPITAL, NURSING CHEACILITY, GIVE STREET A	DDRESS)		ISTITUTION	12a USUAL OCCUPA (TYPE OF WORK FOR MOST			OF BUSINESS OR
13a.	AL RESIDENCE (IF NURSING HOME STATE 136 COL Aryland	OR OTHER INSTITUTION INTY	Baltimo	N	13d. INSIDE YES 🛣	CITY LIMITS?	13e STREET ADDRESS	-	.211 ania	21201 Avenue
14 F	ATHER'S NAME FIRST	MIDDLE	LAST			R'S MAIDEN NA FIRST UE	WE		Fenne	AST C
	WAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (1F YES, C)	RMED FORCES?	218-10-		Naom		er 1100 P		Apt.2 lvani	11 a A v enu
NO	PART 2. OTHER SIGNIFICANT	EÓ BY. ATE CAUSE (o) P DUE,TO, © (b) DUE TO, C (c)	COZALI DR ÁS A CONSEQUE DR AS A CONSEQUE	NCE OF	lesti	onal inal	Blood MINAL DISEASE OR COM	25t 1 sing,		NOMSET AND DEATH
CERTIFICATION	19a DATE OF OPERATION	196 COND	ITION FOR WHICH (OPERATIO	TION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USE IN CERTIFYING CAUSES OF DEA YES NO YES NO I					S OF DEATH?
	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D LIF EITHER NOTIFY MEDICAL EXAMIN	ALIT	DE INJURY .M. MONTH DA .M.	Y YEAR	21c HOW	INJURY OCCUR	RED (ENTER NATURE OF INJ	JRY IN ITEM 18 PAR	RT I OR PART 2)	
MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY OFFICE, FA	ARM, ETC)	21f LOCAT		CITY OR TI	OWN	COUNTY	STATE
	220 1 certify that (I) (this has saw the deceased alive a obove, (I) (we) (did) (did in 22b. SIGNATURE	21-2	19 ()	DEGREE	ATTENDING _	death accurred on the c	AFF		that (I) (we) lost e couses stated E SIGNED
	SHER AF	ORPRINT) CAL t	HASHMI		22e ADDRE 260	PHYSICIAN [RTY HEI	BHTS	AUE	

230 BURIAL, CREMATION, REMOVAL ISBURIAL

236. NAME OF CEMETERY OR CREMATORY CONTROL AND A CHANGE AND A CHANGE AND CO.

Md.

24 FUNERAL DIRECTOR

250 DATE REC'D. BY REGISTRAR'S SIGNATURE ALLO 2 7 1004 Junia Davidson Anna 18 Wm C March F/H Inc. 1101 E North Avenue AUG 23 1984

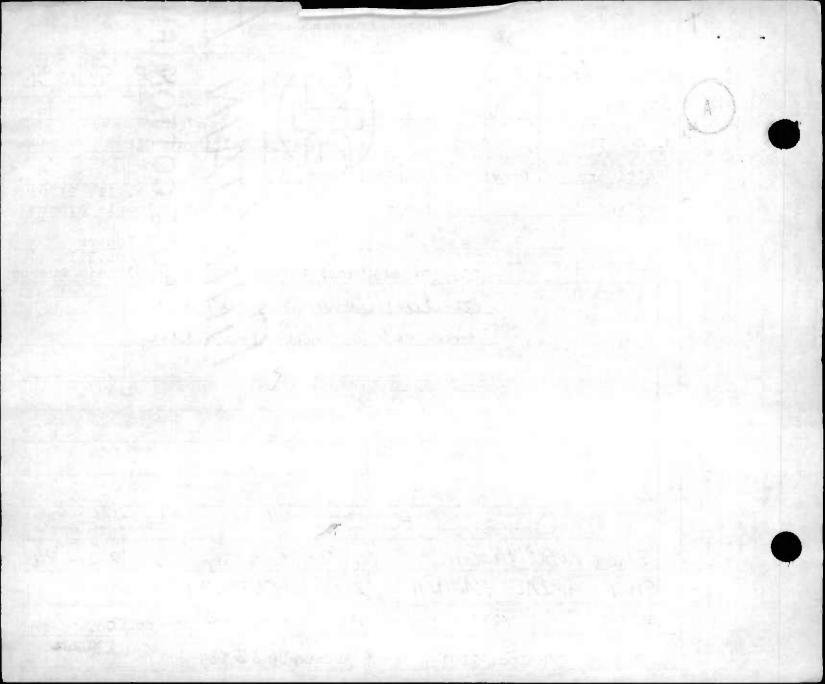
23b DATE 8/25/84

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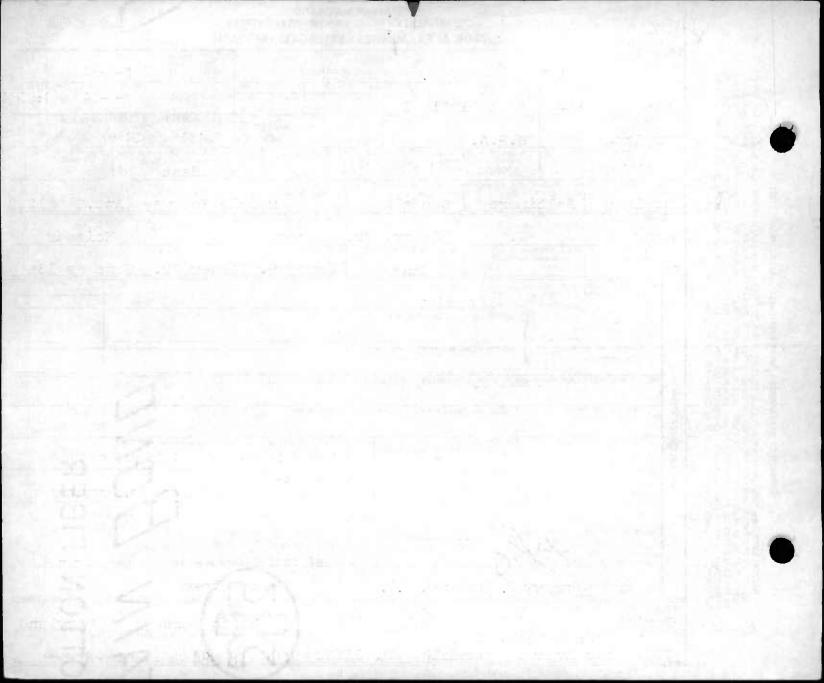
TO FUNERAL DIRECTOR:

MPORTANT: If Hem 21 is should be detached for with the State Dept of

DHMH - 16 50M 1/81 (VRA 15, 4)



20M 4/82



TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely lined should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

IMPORTANT: If them 21 is marked or them 18 shows any injury, or other traumatic event, the medical

	FOR
-	STATE
	DE CHETO A

D

STATE OF MAKILAND	
EPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	U

2	1	J	2	1

	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
	1. DECEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26. HOUR
1	Walter	V.	Fischer	8	20 84 5:00 P _M
	3. SEX	4 RACE	5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
	Male	White	1/21/11 PAY YEAR	73 YR	MONTHS DAYS HOURS MIN.
	COUNTRY)	76 CITIZEN OF WHAT COUNTRY	* MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COU	NTY OF DEATH
	Maryland	U.S.	WIDOWED DIVORCED	Balto. City	MD.
~ ~	Balto.	139 Riverside	e Road	170 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN Welder	1216. KIND OF BUSINESS OR INDUSTRY Stee1
1	USUAL RESIDENCE (IF NURSING HOME OR 130 STATE 136 COUN Md.	OTHER INSTITUTION GIVE RESIDENCE BEFO ITY 13c. CITY OR TOV Balto.	WN 134 INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS 139 Riverside	Road 21221
1	14 FATHER'S NAME FIRST George	MIDDLE	15 MOTHER'S MAIDEN NA	AME	LAST
	160 WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SEC		ADDRESS	Deviney
	(YES NO OR UNKNOWN) (IF YES, GIV	213-07-0	0241 Mrs. Zalma	K. Fischer -	Same as #13
	18 CAUSE OF DEATH (Enter on PART I, DEATH WAS CAUSE)	ly one cause per line for (a), (b), a	- 1	151	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		E CAUSE (0) Heele	e regicordua!	anjordin	
		DUE TO, OR AS A CONSEQU	JENCE OF	1-1:	
	Conditions, if any, which	(b)	worrend III	very acises	34-
	couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEQU	JENCE OF	V	
	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION	GIVEN IN PART 110
	NO.				
-	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICE	H OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF IN CEI	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES \(\text{VES} \)
7	00.00.000.00.00	216. TIME OF INJURY HOUR A.M. MONTH D	DAY YEAR 216. HOW INJURY OCCUP	RRED (ENTER NATURE OF INJURY IN ITEM	
	GREGORINGUING CAUSE OF DEA		19		
	ANUTE NOT WHILE	21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE.	PARM ETC) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
	AT WORK AT WORK	rol) attended the deceased from	1/3/ 1039	6 9/20	10 8 t 1 (1)
	sow the deceased alive on above (I) (we) (did) (did no	7/50 19		death occurred on the date and	hour and from the causes stated
	226. SIGNATURE	y view inepoddy differ dedini.	DEGREE		224. DATE SIGNED
	M. Ho	eroru		MEDICAL STAFF DIRECTOR PHYSICIAN	8.23.84
	NAJI	· HAROUI	108 S. 7	aylor Av. 1	Balto MA
	23a. BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	23d LOCATION	COUNTY STATE
	Removal	8/20/84	The state of the s		SIAIL

BP.

retained by the haspital or attending physician

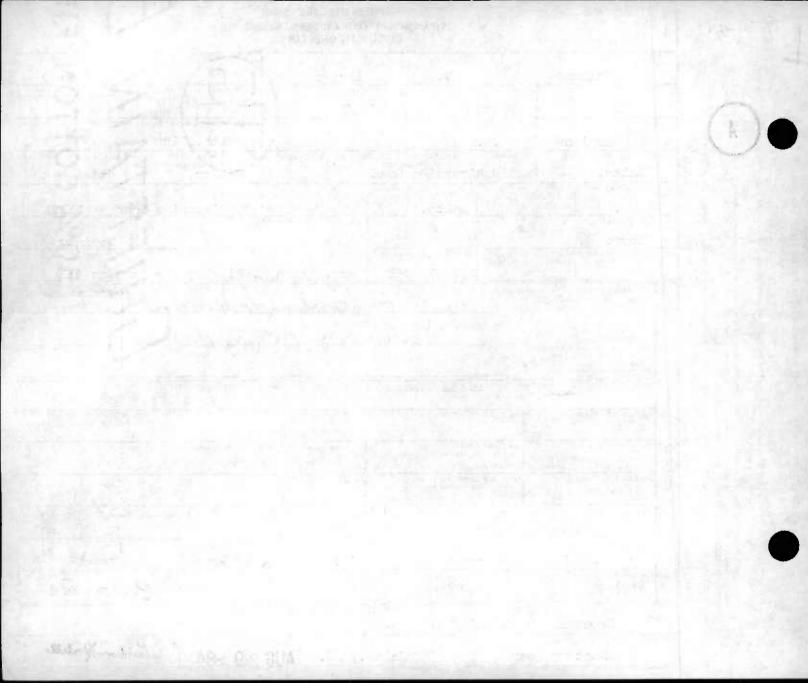
24 FUNERAL DIRECTOR DHMH - 16 50M 1/B1 (VRA 15, 4)

Anatomy Board

Balto., Md.

AUG 29

250 DATE REC'D. BY REGISTRAR 356 REGISTRAR'S SIGNATURE
ALLO O 10RA



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completely filled in by the funeral is 1 and 2 should be filed within 72 h

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and coil should be detached for use as the burnal-transit permit. Then please remove carbanpapers. Pages 1 with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If them 21 is morked or Item 18 shows ony injury, or other troumotic event, the medical

STATE OF MARYLAND

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	1 -	STATE REGISTRAR			CERTIF	ICATE OF DEAT		REG. NO				
		CEASED NAME FIRST OR PRINT)	MID N/Z/			AST F. 70 CYTZ		8/31/86		DAY YEAR	1 45 A	
ŀ		MARY		RGARET		LACK		6. AGE (IN YEARS LAST BIR		IF UNDER 1 YEAR	IF UNDER 24 HRS	p
		Female	4 RACE Wh it e	2		27th, 192	Q, s	64		MONTHS DAYS	HOURS MIN.	•
J		RTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WE	HAT COUNTRY?	8	NEVER MARR	XX	9. BALTIMORE CITY O	R COUNTY	OF DEATH		
		Saltimore, Md.	USA		AAIDOAAF	DI DITORC		BALTI MORE	CIT	7	MD	
4		TY OR TOWN OF DEATH		ACILITY, GIVE STREET A	DDRESS	PROTHER INSTITUTI	ION	Teacher osto	ON F WORKING LIF	IZE KIND OF	BUSINESS OR	
	13a. S	TATE 136. COUL	OTHER INSTITUTION GR	RECITY OR TOWN Balto	dity	134 INSIDE CITY LI YES XXX NO	MITS?	13. STREET ADDRESS Mary Lande	ZIP CODE	s-St. Pa	aul St.	
	14 FA	THER'S NAME G. Walter	řľack	LAST		15. MOTHER'S MAI		Yeakel MIDDIE		LAST		
٦		AS DECEASED EVER IN U.S. AR	MED FORCES? 16	SOCIAL SECUR	RITY NO.	17. INFORMANT		ADDRE	SS			
١		TES NO OR UNKNOWN) (IF YES, GP		213-34-1	329	Mr. Franc	cis J	I. Ireton,50	11 Ar	abia Av	e. 2121	4
		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly one cause per lin ED BY: TE CAUSE (a)	e for to), (b), and		FAREL 7					MATE INTERVAL DINSET AND DEATH	-
ı				AS A CONSEQUE		ALRES	· T					
I		Conditions, if any, which gove rise to immediate couse (a), stating the	DUE TO OP A	RELPIA.		direc-	1					-
ı		underlying couse lost	(c)	MALIGN	ANCY	71: 1		AINONU				
ı	_	PART 2 OTHER SIGNIFICANT			EATH BUT	NOT RELATED TO T	HE TERMI	INAL DISEASE OR CON	DITION GIV	EN IN PART 110		-
╛	9		ILLATION			NT PLEV		E FF US 10 W				_
	CERTIFICATION	190 DATE OF OPERATION	196 CONDITIO	ON FOR WHICH (OPERATIO	N WAS PERFORMED	D	YES NO		, WERE FINDIN YING CAUSES S		
		21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M.	MONTH DA	Y YEAR	21c HOW INJURY	OCCURR	ED (ENTER NATURE OF INJUI	9 BI METI NI YE	ART (OR PART 2)		
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF	INJURY		211 LOCATION		CITY OF TO	WN	COUNTY	TATE	10
		220 I certify that (I this hasp sow the deceased alive on above, (I)(we) (did) (did no	- 1			id that in (my) (our)	opinion d	to 8/31	ite and hou		thot (we) lost	-
		22b. SIGNATURE KILL	1 Ab	J.			IDING	MEDICAL STAF		220 DATE:	SIGNED / FY	ho
1		224 PHYSICIAN'S NAME (TYPE C	OR PRINT }		_	22e. ADDRESS	ICIAIN _	J DIRECTOR [] THISIC	IAIV E			plin
		KEITH SCHRADER						AL HOSPITAL				
	- (1	URIAL, CREMATION, REMOVAL				EMETERY OR CREM		23d LOCATION CITY OR TOWN		COUNTY	STATE	
	24 FU	Burial INERAL DIRECTOR	9/4/84		Cathe	dral Cem.	250. DATE	Balto C REC'D BY REGISTRAR	256. REGIST	RAR'S SIGNATI	JRE	-
		itchell-Wiedefe	ld Home-	6500 Yor	k Rd.	21212	grip		2	ida 30.		

DHMH - 16 50M 4/83

(VRA 15, 4)

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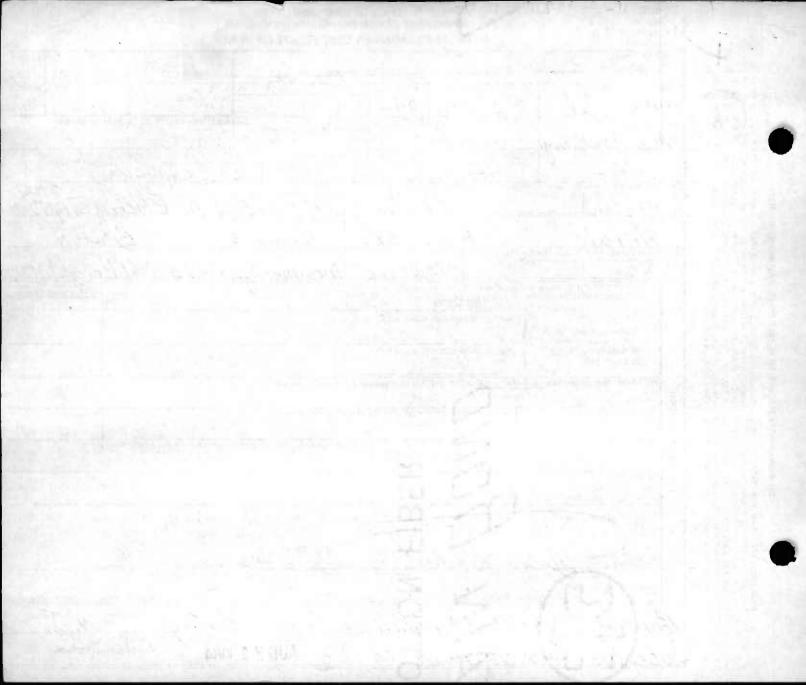
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20M 4/B2

STATE OF MARYLAND

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To make the	-	ems 18-22a 10/4/		STATE OF MARYLA		0 1	3 3 0
-	1-	OR STATE		OF HEALTH AND M	73	6. 1	0 0
1/		REGISTRAR		MINER'S CERTIFI		REG. NO.	
4		EASED NAME FIRST OR PRINT)	WIODLE	LAST	OF	ESTI- MONTH	H DAY YEAR 26 HOUR
18 E		HAROLI		FORD	VD	H MATED 8	20 19 84 A
	3. SE)	a la 1. RACE	DATE OF BIRTH 6. AG	E (IN YEARS IF UNDER 1 YR. BIRTHDAY) MONTHS DAYS	FUNDER 24 HRS. 2t. DA	UNCED	24 11001
Λ	11	Ale Col	8-25-46 3	7 YRS.	DE	0_	20 19 84 10:1
14	of BI	RTHPLACE (STATE OR FIGN COUNTRY)	b. CITIZEN OF WHAT COUNTRY?	171 37	EVER MARRIED	IMORE CITY OR COU	NTY OF DEATH
1	ΔV	ew york, N. Y.	U. Silt.	WIDOWED	DIVORCED Ba	ltimore Cit	TISE KIND OF BUSINESS
2	20	Y OR TOY OF DEATH	 NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET AD 		JIION 128 USUAL OCC	MINING LIFE	OR INDUSTRY
4		Baltimore	Johns Hopkin OTHER INSTITUTION, GIVE RESIDENCE BEFORE		Self	employed	5 44.63
1	135.5	ATE 136 COUNTY		WIN 13d. INSIDE	percent at 1	RESS OF 11	Tatel
3	///	Hry m	10/4/	10. YES P	NO 1 503	m Elder	ry SIAP/302
20	14.17	THER SNAME	MIDDLE LAST	IS. MOTH	FIRST	MEDIE /	LINIT /
CC	lán V	'AS DECEASED EVER IN U.S. ARMI	FD FORCES? 16b. SOCIAL SE	CURITY NO. 17. INFOR	MANT	ADDRESS	ROUN
1		S, NO, OR UNKNOWN) (IF YES, GIVE W.		Euro- Chan	6 . 1 . 0	al oxage C.I.	-11- taxa
	=	7 4 0	107230	7/1/3 1////5	· MATIGNION	Cd 303/14/6	ICETTY SIANISE
		PART I DEATH WAS CAUSED	one cause per line for (o), (b), and (i) BY: CAUSE (a) As thma	c).)	U		BETWEEN ONSET AND DEATH
MENT OF HEALTH AND MENTAL HEAD AND TO BURIAL, CREMATION, OR REMOVAL.	7	IMMEDIATE	(DUE TO, OR AS A CONSEQUE	ENCE OF			
WIL		Conditions, if ony, which	DUE TO, OK AS A CONSEQUI	ENCE OF			
S R	13	gave rise to immediate cause (a) stating the under-	(b) DUE TO, OR AS A CONSEQUE	ENCE OF			
ž		lying couse last.	DUE TO, ON AS A CONSEQUE	INCE OF			La Jan Date
2		PART 2 OTHER SIGNIFICANT CONDITIONS CO	NTRIBUTING TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE OF CONDITIE	ON GIVEN IN PART 1 (a)		
	Z				on out in that I we		
7	ATIO	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFO	RMED?		20 AUTOPSY?
1	FE						YES NO
3	CERTIFICATION	210 EXTERNAL CAUSE WAS	216 TIME OF INJURY HOUR A.M. MONTH DAY	21c. HOW INJUR	Y OCCURRED LENTER NATURE OF	INJURY IN ITEM 18 PART I OR	
1	Y	UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH P.M.	TEAR 19			
	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY (ATH STREET, FACTORY, FARM, ETC.)		CITY OR	\$OWN.	COUNTY STATE
	E	AT WORK AT WORK	STREET, FACTORY, PARM, ETC.)	SINCE	CITYON		COUNTY STATE
		22s. I certile that I took charge	of the remains de 270 mm in the	Autopsy X	Inspection , Inqui	ry , and in my	gninion
		death relited from his hand	course D Addident D		icide Undetermined		
		(/ //	118	//			
		ACTUAL SIGNATURE	wolk / mus	M.D. Dep	uty Chief	AMINER SIG	E 8-20-84
57			,-	~			
BARTIMORE, MARTIAND, ZIZOI H		EXAMINER'S NAME Thoma	s D. Smith, M.D.	ADDRESS	111 Penn St.		Md. 21201
	73c.B	ISIAL, CREMATION, REMOVAL 23	DATE /3c. NAME	OF CEMETERY OR CREMA	ORY 23d. LOCATION	'+1 cc	DUNTY TATE
	18	PURIAY 8	-27-84 MM/1	40lines CE	m. Dui	1ee	N.J.
	24/F	INERAL DIRECTOR	ADDRESS	+1 1	AUG 3 1 1984	RAR 156 REGISTRAR'S	S SIGNATURE
-	20	Seph Like	55 2222 WINO	VIN MUG	AUG 3 1 1984		



		REGISTRAR	*		CERTIF	ICAIL OF DEATH	REG. N	O.	
		EASED NAME FIRST	/	H.	FOI	RD AST	20. DATE OF DEATH	MONTH DAY	YEAR 2b. H.
3	. SEX	M	4. RACE	>	S. DATE C		6. AGE (IN YEARS LAST BIR	MONTHS	ERTYEAR IF U
54		THPLACE (STATE OR FOREIGN	U.S.A.	WHAT COUNTRY?	8. MARRIEI WIDOWE	D NEVER MARRIED 🖔	Baltimore City of		EATH
139		Y OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN H FACILITY, GIVE STREET ENT HOSP	ADDRESS)	OR OTHER INSTITUTION	12a USUAL OCCUPATI (TYPE OF WORK FOR MOST O Merchant Se	ON 12b.	. KIND OF BUSI DUSTRY
50/1	30. S	RESIDENCE (IF NURSING HOM TATE 13b. CC	E OR OTHER INSTITUTION, DUNTY	BATTIMO	VN	13d INSIDE CITY LIMITS? YES X NO	13e STREET ADDRESS 1820 Madis		2/20
Samine	4. FA	John	MIDDLE	Ford		15. MOTHER'S MAIDEN NA	WE		LAST
medical	(Y	AS DECEASED EVER IN U.S. ES NO OR UNKNOWN] (IF YES)	ARMED FORCES? GIVE WAR OR DATES!	16b. SOCIAL SEC		17 INFORMANT Lucinda Denni	ADDRE is 11 W. 20t		1to Md
or other troumati		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	(b)	r as a consequ	ENCE OF	MONITIS FA			
injury,	NOI	URU	SART	TRAC	不一	NOT RELATED TO THE TERM	MB		
Swoon 9	CERTIFICATION	19a. DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WER IN CERTIFYING YES	
ET	7	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM	DEATH HOUR A.		AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART TO	R PART 2)
rked or h	MEDIC	214 INJURY OCCURRED WHILE NOT WHILE AT WORK		REET, FACTORY, OFFICE,	1	21f LOCATION STREET	CITY OF TO	wn co	OUNTY
21 is mo		22a.l certify that (1) (this h saw the deceased alive above, (1) (we) (did) (did	on H-F	(2) 19 19	84.00	nd that in (my) (aur) opinion	death accurred on the d	ote and hour and t	from the couses
T. H Hem		224 SIGNATURE	Jul/	eme	N	ATTENDING PHYSICIAN [MEDICAL STA	FF _ / (8-13-2
ORTAN		22d PHYSICIAN S NAME IT	NICK	FINA		ORANGE ADDRESS	SENT 4	102017	AI

23¢ NAME OF CEMETERY OR CREMATORY

Mt. Zion Cemetery

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES

DHMH - 16 50M 4/82

Wm.C.Brown Comm.F.H. 1206 W. North Ave. (VRA 15, 4)

236 DATE

8-16-84

230 BURIAL, CREMATION, REMOVAL Burial

1 Baltimore Maryland
250. DATE REC'D. BY REGISTRAR 250. BEG STANDARD ON THE PROPERTY OF THE PR

23d LOCATION
CITY OF TOWN
Baltimore

P3-21-80	Zama	24/15	
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	to below. Tows	T Yakkalı	
	t della dell	T YARASI	
	t della dell	T YARASI	
		TANAGI Denna Shana	
		TANAGI Denna Shana	

O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer death. Flager 4 may	ye 4 may be	
etained by the haspital or attending physician.	(
on and campletely filled in by the Turners. rs. Pages] and 2 should be filed with = 7	2 puri der h	1
with the State Dept. of neoting and mental hygiene prior to bottol, cremoting, or removal. MPORTANT: If them 21 is morked or them 18 shows ony many or other frounds's event, the medical examiner must be bottled at the		1

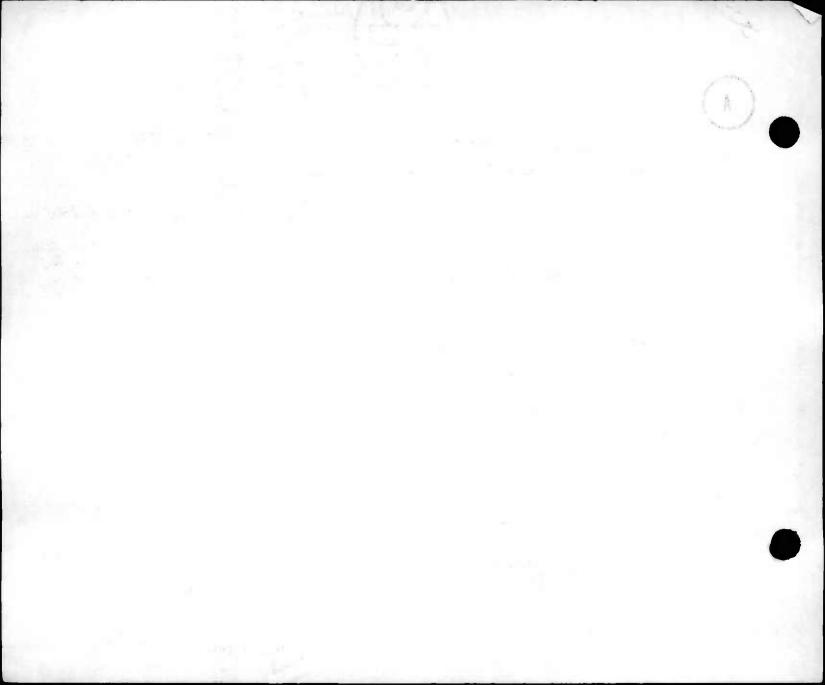
FOR = STATE REGISTRAR DEPA

STATE OF MARYLAND		0	3	1	.3	
REPORT OF HEALTH AND MENTAL HYGIENES	6.9	his	-	lar.		box
CERTIFICATE OF DEATH	REG.	NO.				

	ECEASED NAME FIRST DEDCETT	MIDDLE	1.		20 DATE OF DEATH	MONTH	OAY YEAR	2h HOUR	
1	PE OR PRINT) PERCELL	1	F	ORD			8	24 84	7:35p "
3. 51	X	4 RACE	5. DATE C	F BIRTH	-	AGE (IN YEARS LAST B	RTHOAY	IF UNDER I YEAR	
1	MALE	Car +	MONTH	-11-185	Z/	93	YRS.	MONTHS DAYS	HOURS MIN,
70. E	BIRTHPLACE STATE OR FOREIGN	76 CITIZEN OF WHAT COU	NTRY? 8			BALTIMORE CITY	OR COUNT	TY OF DEATH	
10	DUTH CARALIMA	U.S.A.	WIDOWE	D NEVER MARR		BALTIMO	RE CI	TY,	MD.
10.0	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N				12a USUAL OCCUPAT	ION	12b. KIND O	OF BUSINESS OR
	BALTIMORE	VAMC 3900 TYE		BLVD 212	18	TETTRE	OF WORKING	LIFE) INDUSTRY	
	JAL RESIDENCE (IF NURSING HOME OF STATE 136 COUN			136. INSIDE CITY LI	MITS?	13e.STREET_ADDRESS	/ ZIP CO	DE	
1	DARYLAND	13191	TIMORE	YES NO	_		DON	AUE V	1229
14. F	ATHER'S NAME	MIDDLE	ist.	15. MOTHER'S MA	IDEN NAM	E MIDDLE			ST
		Ual	KURBAL					VA	KUDOU
	WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIA	L SECURITY NO.	12 INFORMANT		ADDR	(ESS	7	1220
L	Yes W	41.1 726	056166	MOSMAR	MIT	CHELL 14	254	OUDON	Aus
	18 CAUSE OF DEATH (Enter or	ily ane cause per line for (a),	(b), and (c).)					APPRO) BETWEEN	ONSET AND DEATH
	PART I. DEATH WAS CAUSE	TE CAUSE (a) CAR		NARY	ARG	REST			
ı		DUE TO, OR AS A ON	ISEQUENCE OF	·					
1	Canditions, if any, which	(1b) Res	piratory	failur	e				
1	gave rise to immediate cause (a), stating the	DUE TO, OR AS A CON	SEQUENCE OF	<u></u>	01 /	A = 1		-	
	underlying cause last	(c) En	Stage	Chronic	06st	ructive lu	ng dis	sase	
L	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTIN	IG TO DEATH BUT	NOT RELATED TO 1	HE TERMIN	NAL DISEASE OR CO	DITION G	IVEN IN PART 1	o
o Z									
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR V	WHICH OPERATION	N WAS PERFORME	D	20a AUTOPSY?		ES, WERE FINDI	
E						YES NO	,	YES [NO 🗌
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	21b. TIME OF INJURY	H DAY YEAR	21c HOW INJURY	OCCURRE	D (ENTER NATURE OF IN)	URY IN ITEM 18	B PART 1 OR PART 2)	
CAL	(IF EITHER NOTIFY MEDICAL EXAMINE	AID .	19						
WEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY	OFFICE FARM FTC 1	211 LOCATION		CITY OR T	OWN	COUNTY	STATE
5	AT WORK NOT WHILE	, and a state of the state of t	017102,744111						
1	220.1 certify that A (this hospi		fram 6-2		84			. 1984_,	that XI (we) last
	saw the deceased above.	AUGUST 24	_1984 or	nd that in (🎉) (aur)	apinion de	eath accurred on the c	date and ho	aur and from the	causes stated
	276 SIGNATURE	1110		DEGREE					SIGNED
1	. Cot	serne -			IDING ICIAN	MEDICAL STA		1813	25/84
1	224 PHYSICIAN'S NAME (TYPE	f glass		22e ADDRESS					,
	EDWARD B	, ROLGIA	ONY			RAVEN BLV	D 21	1218	
23a	BURIAL, CREMATION, REMOVAL		23c NAME OF C	EMETERY OR CREM	11 1	23d LOCATION	~	COUNTY	STATE
_	BURIAL	8-31-84	GARRIS	OUTDRIST	UN	139270	50.	MO	
74	UNERAL DIRECTOR	AD.	DRESS /	^	AUG	3 1 1984 TRA	CO JEGO	STRABLEMOND	ALIGNOTIC:
W	DSFAN LI KUS	S ZZZZWI	NOCTH	HUL		0	1		

DHMH - 16 50M 4/83 (VRA 15, 4)

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the haspital or attending physician.



FOR - STATE REGISTRAR

3 SE

MEDICAL

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or Item 18

STATE OF MARYLAND DEPAR

			1111111			
TMENT	T OF	HEAL	TH AN	ID MEN	TALH	YGIENE
CE	RT	FICA	TE O	F DEA	TH	

REG. NO.				
a DATE OF DEATH MONTH	8	YEAR B4	3 HOU	R A . M
AGE (IN YEARS LAST BIRTHDAY)	IF UND	ER I YEAR	IF UNDER	24 HR5
90 YRS.	MONTHS	DAYS	HOURS	MIN.

12b. KIND OF BUSINESS OR

COSMETIC

RD. 21211

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO [

INDUSTRY

	CEASED NAME OR PRINT)	LOIC		C.		OREMAN	2ª DATE OF DEATH	8 8	84 84
3 SE	F		4 RACE	1	5 DATE C	F BIRTH	6 AGE (IN YEARS LAST BIR		FUNDER I YE
	RTHPLACE (STATE OF COUNTRY)			WHAT COUNTRY?	8. MARRIE WIDOWE		BALTIMORE CITY OF		OF DEATH
	LTIMORE	CITY	(IF NOT IN SUC	HOSPITAL, NURSIN H FACILITY, GIVE STREET A MEMORIA	ADDRESS)	SPITAL	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST OF PRODUCT	OF WORKING LIFE)	12b. KIND INDUSTR
	AL RESIDENCE (IF NUE	13b COUN		GIVE RESIDENCE BEFORE	N	13d INSIDE CITY LIMITS? YES MO [3204 K	ZIP CODE	k RD.
14. F.A	WILLIA	M C	MIDDLE	IAST		15. MOTHER'S MAIDEN NAV	LE WHE	ELER	
	VAS DECEASED EVE YES, NO OR UNKNOWN)		MED FORCES? /E WAR OR DATES)	220-14-0		MINFORMANT PARILE P	M. Bloom -		Brown
	18 CAUSE OF DEA PART 1. DEATH V	WAS CAUSE		SCHEM	uc s	bowel.			APPR BETWE
: 1	Conditions, if on			bowel	NCEOF	farction			
	gove rise to in couse (o), stot underlying cous	ing the	DUE TO: 9	roloun	d of	Retabolic	acido	منه	
NO	PART 2. OTHER SIG	SNIFICANT	CONDITIONS CO	ONTRI UTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVE	N IN PART
CERTIFICATION	190 DATE OF OPER	ATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206 IF YES, IN CERTIFY YES	ING CAUS
2	21g ACCIDENT WAS UP	NDERLYING	21b TIME C	F INJURY		21c HOW INJURY OCCURE	RED (ENTERNATURE OF INJE	IRY IN ITEM 18 PAI	RT OF PART 2

GIVEN IN PART II FYES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH?

OR CONTRIBUTING _ CAUSE OF DEATH P.M (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY AT HOME STREET FACTORY OFFICE FARM ETC)

18 PART OF PART 2) 211 LOCATION STREET CITY OF TOWN COUNTY STATE

NOT WHILE 22a I certify that (I) (this hospital antended the deceased from

ATTENDING MEDICAL STAFF

22e ADDRESS

LASAUNDRA WATSON M.D.

UNION MEMORIAL HOSPITAL

23d. LOCATION

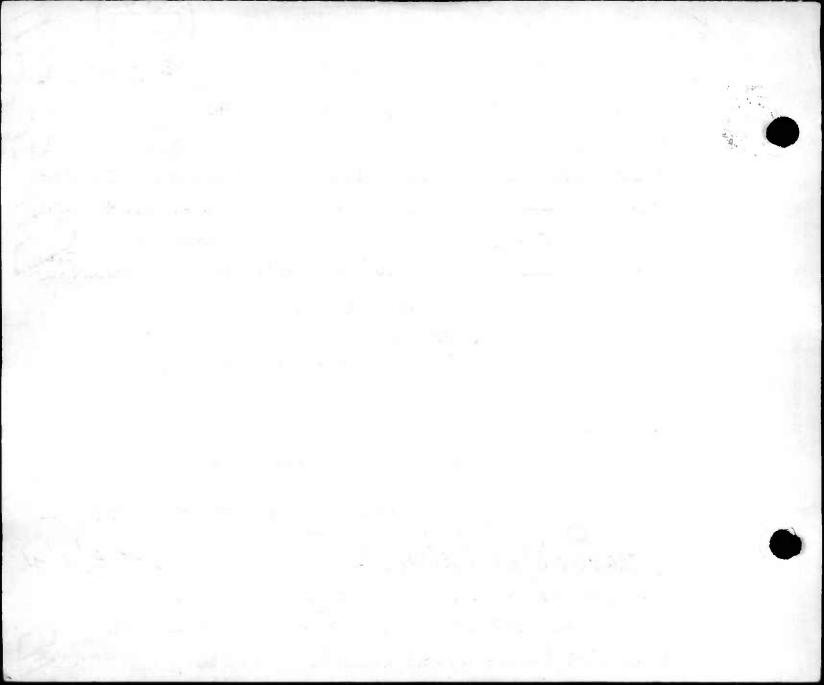
BURIAL, CREMATION, REMOVAL		231 NAME OF CEMETERY OR CREMATORY
ISPECIFY) BURIAL	8-11-84	MOREL AND MEMORIAL

DHMH - 16 50M 4/83 (VRA 15, 4)

FUNERAL DIRECTOR. should be detoched with the State Dept IMPORTANT: If he

etoined by

24 FUNERAL DIRECTOR 21211



STATE OF MARYLAND FOR - STATE

7922 Wise Avenue, Dundalk, MD

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

3 4

•	REGISTRAR				CEKI	IFICALE OF D	Atti		REG. NO.				
	CEASED NAME OR PRINT)	ARTT	tha M	M.	FZ	Forrer	2_	20. DATE O	8	9	84	26 HOU	NP.
3. SEX	Femal		RACE M	nite		E OF BIRTH DAY 1 5	YEAR 1902		81	YRS.	F UNDER 1 YEAR	# UNDER	24 HRS MIN.
- 0	RTHPLACE STATE OR FOOD OUNTRY) manv	OREIGN 7b.	CITIZEN OF W		MAR	RIED NEVER M	ARRIED T	9 BALTIMO	RE CITY OR	COUNTY	Gt.	,	M
10. CI	TY OR TOWN OF DEA ltimore	/	NAME OF H	OSPITAL, NL FACILITY, GIVE	URSING HOM STREET ADDRESS)	E OR OTHER INSTI		TYPE OF WOR	OCCUPATION K FOR MOST OF V	VORKING LIFE)	12b. KIND (INDUSTRY	OF BUSINE	_
13a. S	ALRESIDENCE (# NURSIT TATE rvland	NG HOME OR OTH 135 COUNTY Baltin		13c. CITY OR Dund	TOWN	134. INSIDE CIT	Y LIMITS?	134. STREET	ADDRESS Oueer	nswav	21	222	
	THER'S NAME FIRST Not Known (AS DECEASED EVER I	MIDE	DLE	Fric	Ţ		IRST		MIDDLE ot Know ADDRESS		4000	\$1 D3	
	ES. NO OR UNKNOWN)	(IF YES, GIVE WA			8-0665			ovvov			Merri	2122	
	Conditions, if any, gave rise to imm cause lat, stating	ediate the	(b)	- And	EQUENCE OF	noting	ria	1 Re	rnia	tim	8	hr	
ATION	gave rise to imm	lediate g the last.	(b) DUE TO, OR (c) NDITIONS CO	AS A CONS	EQUENCE OF	rebra		Re MINAL DISEAS 200 AUTO	OPSY?	20b. IF YES,	WERE FIND	NGS USE	
TIFICATION	gave rise to imm cause Ia), stating underlying cause PART 2 OTHER SIGN	lediate g the last.	(b) DUE TO, OR (c) NDITIONS CO	AS A CONS	EQUENCE OF	rebra			OPSY?	20b. IF YES,	WERE FIND ING CAUSE	NGS USE	H?
CAL CERTIFICATION	gave rise to imm cause a), stating underlying cause PART 2 OTHER SIGN 19a. DATE OF OPERAT 21a. ACCIDENT WAS UNDO OR CONTRIBUTING C	lediate the lost.	DUE TO, OR (c) NDITIONS CO	AS A CONS NTRIBUTING ION FOR W	EQUENCE OF	ELLE SULT NOT RELATED TION WAS PERFOR	MED	200 AUT	DPSY?	20b. IF YES, IN CERTIFY YES	WERE FIND ING CAUSE	NGS USER	H?
	gave rise to imm cause Io1, stating underlying cause PART 2 OTHER SIGN 1% DATE OF OPERAT 210. ACCIDENT WAS UND	INFICANT CON INFICANT CON ION ERLYING AUSE OF DEATH ALL EXAMINER) ED	DUE TO, OR (c) NDITIONS CO 19b. CONDIT 21b. TIME OF HOUR A.M. P.M. 21e. PLACE C	AS A CONS NTRIBUTING TION FOR W TINJURY A. MONTH	EQUENCE OF	PUT NOT RELATED TION WAS PERFOR 216. HOW INJ AR 216. LOCATIO	MED URY OCCUR	20e AUTO	DPSY?	20b. IF YES, IN CERTIFY YES	WERE FIND ING CAUSE	NGS USER S OF DEAT NO	H?
MEDICAL CERTIFICATION	gave rise to imm cause Io1, stating underlying cause PART 2 OTHER SIGN 19a. DATE OF OPERAT 21a. ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CON	INFICANT CON INFICANT CON ION ERLYING AUSE OF DEATH AL EXAMINER) ED ILE (this hospital) d alive an	DUE TO, OR (c) NDITIONS CO 19b. CONDIT 21b. TIME OF HOUR A.M P.M 21e. PLACE C (AT HOME, STRE attended the	AS A CONS NTRIBUTING TION FOR W TINJURY A. MONTH A. OF INJURY ET, FACTORY, OI	FICE, FARM, ETC	TION WAS PERFOR 216. HOW INJ AR 216. LOCATIO STREET	URY OCCUR	200 AUTO	OPSY? NO DE INJURY I	20b. IF YES, IN CERTIFY YES IN ITEM 18 PAI	WERE FIND ING CAUSE RT 1 OR PART 2) COUNTY 9 8 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	NGS USEE S OF DEAT NO S s that (I) (v	H?
_	gave rise to imm cause a), stating underlying cause PART 2 OTHER SIGN 19a. DATE OF OPERAT 21a. ACCIDENT WAS UNDOOR CONTRIBUTING C CURR WHILE NOTIFY MEDIC 27a. I certify that (I) sow the decase 27b. SIGN AT TRE	INFICANT CON IN	DUE TO, OR (c) NDITIONS CO 19b. CONDIT 21b. TIME OF HOUR A.M P.M 21e. PLACE C (AT HOME, STRE attended the	AS A CONS NTRIBUTING TION FOR W TINJURY A. MONTH A. OF INJURY ET, FACTORY, OI	FICE, FARM, ETC	TION WAS PERFORE 21f. HOW INJ 21f. LOCATIO STREET DEGREE A P	URY OCCUR , 19 our) opinion ITENDING HYSICIAN (20e AUTO YES RRED (ENTER No. death accurre MEDICAL DIRECTOR	CITY OR TOWN	706. IF YES, IN CERTIFY YES IN ITEM 18. PAI	WERE FIND ING CAUSE COUNTY 9 22c. DAT	NGS USER S OF DEAT NO	H?
-	gave rise to imm cause Io1, stating underlying cause PART 2 OTHER SIGN 19a. DATE OF OPERAT 21a. ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CON	INFICANT CON IN	DUE TO, OR (c) NDITIONS CO 19b. CONDIT 21b. TIME OF HOUR A.N. P.N. 21e. PLACE C (AT HOME STRE	AS A CONS NTRIBUTING ION FOR W INJURY A. MONTH A. OF INJURY ET. FACTORY, OI	FFICE, FARM, ETC.	ELLE A 216. HOW INJ	URY OCCUR N 19 our) opinion ITENDING HYSICIAN (20e AUTO YES RRED (ENTER N. death occurre MEDICAL DIRECTOR	CITY OR TOWN STAFF PHYSICIA COTT	706. IF YES, IN CERTIFY YES IN ITEM 18. PAR 2 1 2 e and haur	WERE FIND ING CAUSE COUNTY 9 8 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	NGS USEE S OF DEAT NO S s that (I) (v	H?
WEDICAL 8 0 223	gave rise to imm cause a), stating underlying cause PART 2 OTHER SIGN 19a. DATE OF OPERAT 21a. ACCIDENT WAS UNDOOR CONTRIBUTING C CURR WHILE NOTIFY MEDIC 27a. I certify that (I) sow the decase 27b. SIGN AT TRE	INFICANT CON IN	DUE TO, OR (c) NDITIONS CO 19b. CONDIT 21b. TIME OF HOUR A.N. P.N. 21e. PLACE C (AT HOME STRE	AS A CONS NTRIBUTING TION FOR W TINJURY A. MONTH A. OF INJURY ET, FACTORY, OI	HOPERAL PROPERTY OF THE PROPER	TION WAS PERFORE 21f. HOW INJ 21f. LOCATIO STREET DEGREE A P	URY OCCUR N ., 19 Our) opinion ITENDING HYSICIAN (200 AUTO YES RRED (ENTER N.) MEDICAL DIRECTOR 234 LOC	CITY OR TOWN STAFF PHYSICIA C, M	706. IF YES, IN CERTIFY YES IN ITEM 18. PAR 2 1 2 e and haur	WERE FIND ING CAUSE COUNTY GOOD TO THE PART 2) COUNTY COUN	NGS USEE S OF DEAT NO S s that (I) (v	H?

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DHMH - 16 50M 4/82 (VRA 15, 4)

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page 3

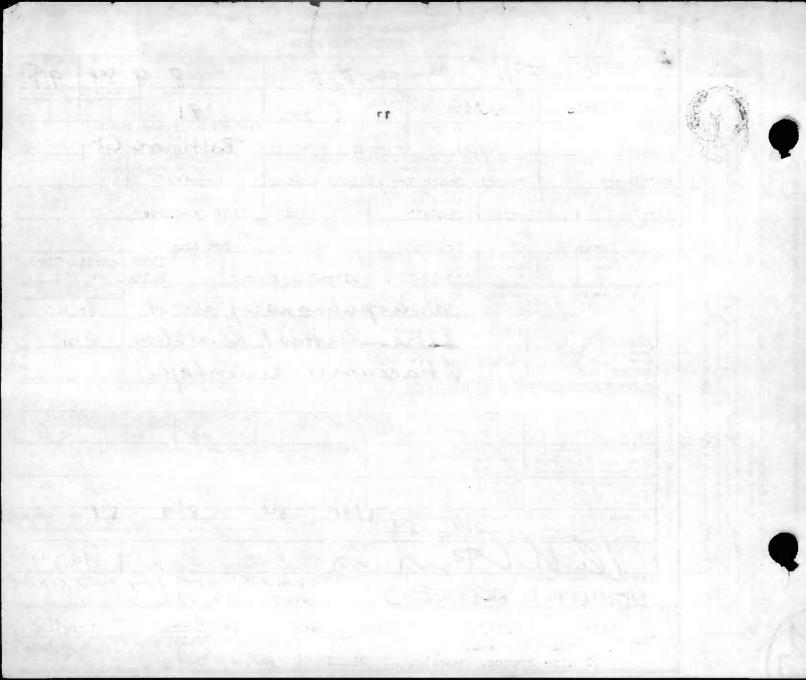
ly filled in by the should be filed wit

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletery the should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 than with the State Dept, af Health and Mental Hygiene prior to burial, cremation, ar removal.

MAPORTANT: If Item 21 is marked or Item 18 shaws any injury, ar other traumatic event, the medical

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed retained by the haspital as attending physician.

within 24 hours after death. Page 4 may be



341	1	FOR STAI REG

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	•	REGISTRAR				CERTIF	ICATE OF	DEATH	R	EG. NO.			
ŀ		EASED NAME	FIRST		MIDDLE		LAST		20. DATE OF DE		DAY	YEAR	2b HOUR
	{TYPE	OR PRINT)	SHEPPA	RD .	D.	F	ORREST,	SR.		8	31	84	7=55 AM
ŀ	3. SEX	(4 RACE	-	5. DATE C		DIC.	6 AGE (IN YEARS	AST BIRTHD AY}	IF UNDE		IF UNDER 24 HRS
		MALE	36.7	WH	HITE	11	16	20	63	YR	MONTHS:	DAYS	HOURS MIN.
1	7a BIF	RTHPLACE (STATE	OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY		1		9. BALTIMORE			ATH	
И	M	aryland		USA	T-4-	MARRIE		MARRIED U	1	Saltiz	nose		MD.
51	10 CI	TY OR TOWN OF			HOSPITAL, NURS				12a USUAL OCC			KIND O	F BUSINESS OR
		Baltin	nore	(18 NOT 114 501	CH PACIEIT, GIVE SIRE	EI ADDRESS!	5BG+	1					usiness
I		AL RESIDENCE (# N	13b. COUN		GIVE RESIDENCE BEFO		1 13d. INSIDE C	ITY HAUTS?	13e STREET ADD	RESS / ZIP CI	ODE		
4	Ma	ryland			Baltime		YES 🔀	NO 🗌	1928 Le			21	223
6	14. FA	THER'S NAME		MIDDLE	LAST		15. MOTHER	S MAIDEN NA		DDLE		LAS1	
7		Edward			For	rest	E1	izabeth	1				Cavey
1		VAS DECEASED EV			166 SOCIAL SE	CURITY NO.	17 INFORMA	ANT		ADDRESS			
ı		YES NOOR UNKNOWN)	WW.	E WAR OR DATES)	217-14-3	3461	G1ady	s L. Fo	rrest 19	28 Lem			21223
ľ		II CAUSE OF DE	ATH (Enter or	ly one couse pe	r fine for (o), (b),	and (c).)	A	1 1				APPROXU	MATE INTERVAL
- 1		PART I. DEATH		D BY: [E CAUSE (o)	Intra	aldoni	nal C	abdom	i mal)	olledi	il		
ч				DUE TO, C	R AS A CONSEQ	UENCE OF	h 1	. 1	0 0				
1	70.	Conditions, if a		((b)_		1	metust	atic)	lung &	areini	onea.		
ч	. 1	gove rise to couse (a), sto		DUETO	R AS A CONSEG	UENCE OF			1				
1	100	underlying co	use last.	(6)	N NO N CONGC	021102							
1		PART 2 OTHER S	IGNIFICANT (ONDITIONS C	ONTRIBUTING TO	O DEATH BUT	NOT RELATED	TO THE TERM	IN AL DISEASE OF	CONDITION	GIVEN IN I	PART TIO	1
	TATION							-9910					
Z)	3/	190 DATE OF OPE	RATION	19b. COND	ITION FOR WHIC	CH OPERATIO	N WAS PERFO	DRMED	200 AUTOPSY		YES, WERE		OF DEATH?
D	CERTIFIC								YES NO	-	YES 🗌		NO 🗌
1		210. ACCIDENT WAS	- bu			DAY YEAR	21c. HOW IN	JURY OCCURE	RED (ENTER NATURE	OF INJURY IN ITEM	1B PART 1 OR	PART 2)	
1	MEDICAL	(IF EITHER, NOTIFY A			.M.	19	1						
П	8	21d INJURY OCC	URRED		OF INJURY	E EADAN EIC	211 LOCATE	ON	CII	Y OR TOWN	CO	UNTY	STATE
I	2	AT WORK NOT	WHILE WORK	(AT HOME, ST	REET, FACTORY, OFFIC	E, FARM, ETC.)	1		S	1		1	
1		22a.t certify that	(I) (this hosp			8	114	. 19. 84	, to	131	19 8	7	that (I) (we) lost
1		sow the dece	eosed olive on	t) view the body		84.0	nd that in (my	(our) opinion	deoth occurred or	The date and	hour and f	rom the	couses stated
П		226. SIGNATURE	er faitar (dita no	of w	1/1	,	DEGREE	7535			22	c. DATE	SIGNED
ч		Old.	N	Topon	1 Ga	lanis	,	ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN [8/	31/84
f		THE PHYSICIAN'S	SAME ITTE	hirefor /	-		22e ADDRE	SS					32/04
			FEA	1G / G	nalani	2		2.	35H.				
		BURIAL, CREMATIC	N, REMOVAL	Bb. DATE	23	NAME OF	EMETERY OR	CREMATORY	23d LOCATIO		COUN.	Tv.	STATE
	,	Buri	ial	9/4/	84 N	leadow	ridge M	em. Par	k Elkrid	ge	Howa	rd	Maryland
	24 FL	JNERAL DIRECTOR	3		ADDRESS		21229	25a. DAT	E REC'D. BY REGI	STRAR 25h REC	SISTRAR'S	SIGNAT	Handell.
1	Hul	bbard Fur	neral H	lome, In	c. 4107			SE	P4 19	54 0			

DHMH - 16 50M 4/83 (VRA 15, 4)

1 35-4 AS 13 X spendent are that the state of Wallet Strate of married 1227 In the second throat Page 107-170 To 12 Wa produced (included to Jacobsky which

STATE OF MARYLAND

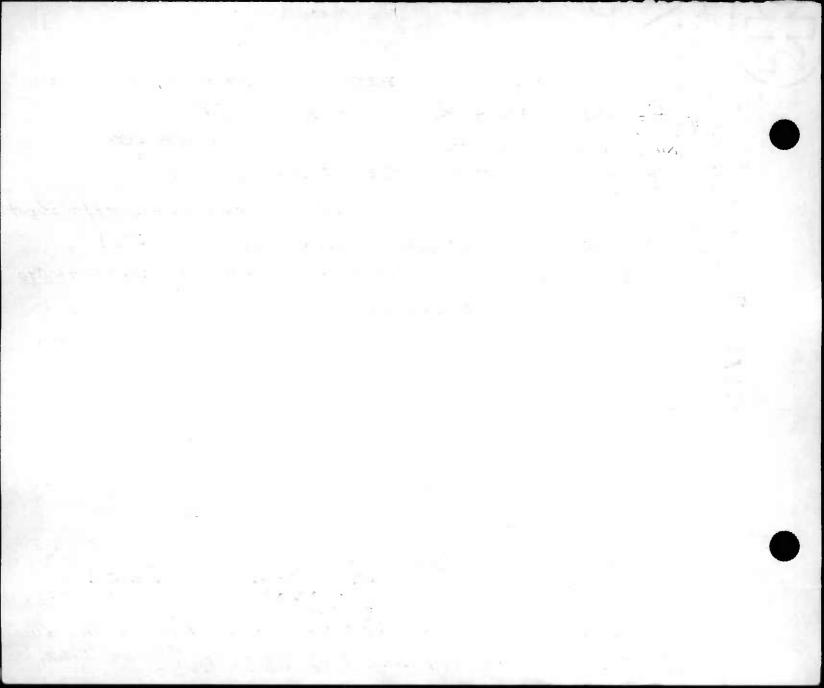
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

0	1-	FOR STATE REGISTRAR	DE		EALTH AND MENTAL HYGI ICATE OF DEATH	REG. NO	die i	0	3 0
8	1. DE 0	CEASED NAME FIRST	WIDDLE	l	AST		MONTH DAY	YEAR	26 HOUR P
	(TYPE	OR PRINT)	ORA	FOS	KEY	AUGUST 2	0, 19	84	9:35m
91	3. SE)		4. RACE	5 DATE C		6 AGE (IN YEARS LAST BIRT		UNDER I YEAR	IF UNDER 24 HRS. HOURS MIN.
曲	4	EMALE	Bhack	MONT.	10 1904	80	YRS	DATS	HOURS MIN.
		RTHPLACE (STATE OR EOREIGN	76. CITIZEN OF WHAT COU	NTRY?	D NEVER MARRIED	9 BALTIMORE CITY O	-		
40		NSTON N.C.	USA	WIDOWE	DIVORCED [BALTIMO	RE CI		MD.
33		TY OR TOWN OF DEATH	THE JOHNS			120 USUAL OCCUPATION OF WORKED MOST OF	ON YORKING LIFE)	126 KIND O INDUSTRY	F BUSINESS OR
5	USU A 13a. S	AL RESIDENCE (IF NURSING HOME OR TATE 136 COUN	OTHER INSTITUTION, GIVE RESIDENCE NTY		YES NO		ZIP CODE	341	= Street
0	14 FA	PEANK '	MIDDLE Sti	Les	Sh EIRST	MIDDLE	Be	55+ LAS	ı
1		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) I IF YES, GIV	E WAR OR DATES	L SECURITY NO.	WARDIN	16 fosks	55 4 189	18 W.	frytte
24		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	nly one couse per line for (o), D BY: TE CAUSE (o)	(b), and (c)	a làdure			BETWEEN C	MATE INTERVAL DISET AND DEATH
CANE H		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	DUE TO, OR AS A CON	SEQUENCE OF	3 0			~	
17.00		Conditions, if ony, which	((b) Po	st late	eral MI			2	mod
		gove rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A COM	SEQUENCE OF				2	400m
	NO	PART 2 OTHER SIGNIFICANT (CONDITIONS CONTRIBUTION	G TO DEATH BUT	NOT RELATED TO THE TERM	IN AL DISEASE OR CONI	OITION GIVEN	N IN PART 110	3
2	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY? YES □ NO.		WERE FINDIN ING CAUSES	
9	_	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MON	TH DAY YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJUR	PAR BI MATI MILY	T I OR PART 2)	
1	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY		211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
		220. I certify that (I) (this haspe sow the deceased alive on	A 1 2	000	nd that in (my) (our) opinion of	to 8/	about ond hour	/	that (I) (we) last
- 14		obove, (I) (we) (did) (did no 22b. SIGNATURE	ot) view the body after death		DEGREE			22 DATE	
		Colum	d Koof	201 K	ATTENDING PHYSICIAN [DIRECTOR PHYSIC	IAN N	87	70/24
1		EDWARD	KASPER		Johns Ho	PKINS F	psp.	(212	205)
	23o. E	BURIAL, CREMATION, REMOVAL	23b. DATE	23c. NAME OF C	EMETERY OR CREMATORY	23d LOCATION CITY OF TOWN	4/	COUNTY	STATE .
3	24 F)	UNERAL DIRECTOR NAME FOR USE THE	4/ne 42	DRESS PARI	He de 250 DATE				URE ander
	\perp			1/ 1/1/4	The state of the s	7 4 4 1904			

DHMH - 16 50M 4/B3 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been justified should be detached for use as the burial-transit permit. Metable with the State Dept. of Health and Mental Hygene prior to buria should be detached for use as the burial-transit permit. We with the State Dept. of Health and Mental Hygiene priar to I

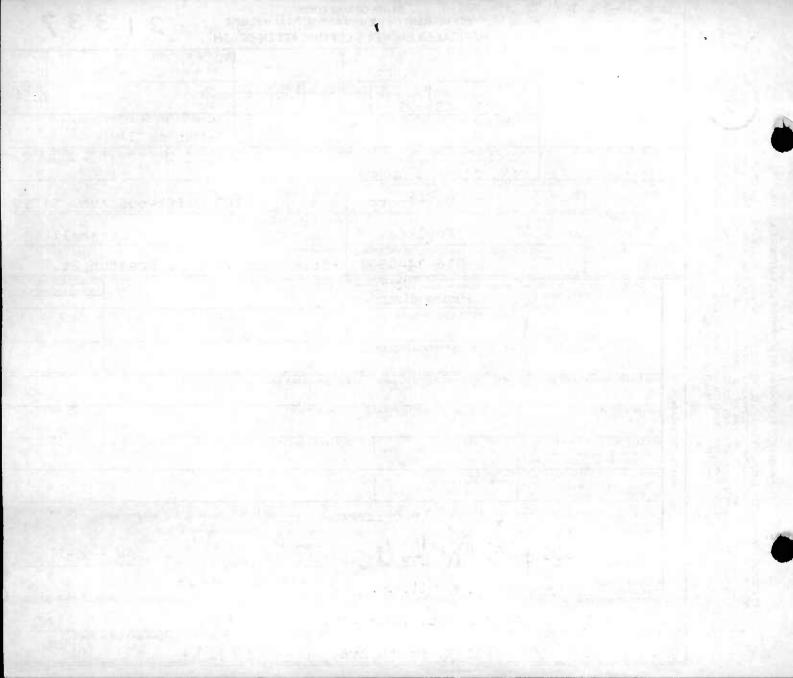
retained by the haspital or ottending physician



STATE OF MARYLAND

18-22a 10/1/84 mtb F#596

20M 4/82



4 moy be ofter death. Page TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours etained by the haspital or attending physician.

FOR STATE STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE)
CERTIFICATE OF DEATH

6 4 2 1 3 3 8

	JISTRAK				CERTI	ICAIL OI DE	A111		REG. NO	D			
TYPE OR PRI		FIRST	- 0	NIDDLE	-	LAST		2a. DATE OF	DEATH	HTMOM	DAY YE	AR 2	HOUR
		Leila	91	nez	Fra	rk		AL	igust	3,	1984		7:30
3. SEX	,	4.	RACE		5. DATE (DAN	YF AD	6. AGE (INY		HDAY)	IF UNDER I	_	FUNDER 24 H
	male		White		4	26	23	61		YRS		,,,,	, m
- COUNT	LACE (STATE ORF	OREIGN 76	CITIZEN OF V	VHAT COUNT	RY? 8	DE NEVER MA	RRIED -			_	TY OF DEAT	Н	
Sout			U.S.A.	•	WIDOW	D DNO	RCED	Bar	timo	re C	ity		
	R TOWN OF DEA	тн 1	1. NAME OF H	OSPITAL, NUF	REEL ADDRESS)	OR OTHER INSTIT	UTION	120 USUAL (CORMOSTO				BUSINESS
_	ltimore		617	outh (Street			eword			t He	ome.
USUAL RES		NG HOME OR OT	THER INSTITUTION O	130 CITY OR T		113d. INSIDE CITY	LIMITS?	13e STREET	ADDRESS			21	224
	yland			Baltin	wre	YES XX N	10 🗌	617 5	outh	Cli	rton S.	tre	et
14 FATHER	EIRST	MI	DDLE	n jast		15 MOTHER'S A	ST	ΛE	WIDDLE			LAST	
	Daniel			Jackso	on		rice				Matt	hew.	1
	PECEASED EVER		ED FORCES? VAR OR DATES!		ECURITY NO.	17 INFORMAN			ADDRE	_		-	
/	10			218-12	2-0267	Lauren	ce (.	Frank	01/	3.6	linton		
18 C	AUSE OF DEATH	HEnter only	one couse pe	line for (a), (b)	ond ic	(1	1		170	BETV	PROXIMA VEEN ON	ATE INTERVAL
		IMMEDIATE	/ /	net	stal	/ L	arc	ins	wa		4	la	7
			DUE TO OR	AS A CONSE	OUENCE OF						10		
Cor	nditions, if ony,	which	(
901	re rise to imm	rediote	(0)										
	se (a), stating lerlying couse		DUE TO, OR	AS A CONSE	OUENCE OF								
- 0110	lerlying couse	1051	(c)										
PAR	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110												
CERTIFICATION 210° C	Userio selentic Carko risula di si							CI	7				
J 190 D	ATE OF OPERAT	ION	196. CONDITION FOR WHICH		CH OPERATION WAS PERFORMED		200 AUTOPSY? 20b. IF YES, WERE FINDING IN CERTIFYING CAUSES O		SUSED				
II.								YES	NO		YES T	JSES O	NO [
21a.	ACCIDENT WAS UND		21b. TIME OF		DAY WEAR	21c HOW INJU	RY OCCURR	ED (ENTER NA	TURE OF INJUR	Y IN ITEM I	8 PART I OR PAR	T 2)	
W ORC	ONTRIBUTING C			A. MONTH									
~	INJURY OCCURR		P.A 21e. PLACE C		19	211 LOCATION							
WHI				ET FACTORY, OFFI	CE, FARM, ETC)	STREET			CITY OR TOV	VN	COUNT	Υ	STATE
AT WO	DRK NOT WHI	, U											
22 a. J	22a.1 certify that (I) (this haspital) attended the deceased from												
	sow the deceased alive on												
	obove, (1) (we) (did) (did not) view the body ofter death. 22b. SIGNATURE DEGREE 22c. DATE SIGNED												
	A ATTENDING MEDICAL STAFF												
6	PAYSICIAN DOIRECTOR PHYSICIAN OF THE												
E	110-					270 PHYSICIAN'S NAME (TYPE OR PRINT) 220 ADDRESS							
270.1	PHYSICIAN'S NA	ME (TYPE OR P	RINT)	1		22e ADDRESS		3.53					
270.1	PHYSICIAN'S NA	ME (TYPE OR P	RINT) P	1TC	21°G	22e ADDRESS		100					
16	PHYSICIAN'S NA	to C	C. PC	470	21° G	01	MATORY	173d LOCA	TION				
16	L, CREMATION, I	to C	23b. DATE	FTC	_	EMETERY OR CRI	MATORY	23d LOCA	TION		COUNT		STATE
23a/BURIA	L, CREMATION, I Buria	to C	C. PC	4 12	_	01	Cem.	Dun	dalk	Ва	lto Co	, M	STATE
BURIA (SPECIF)	L, CREMATION, I Buria	REMOVAL	23b. DATE 8-7-8	24	Sacred	emetery or cri	Cem.		dalk	Ва	count.	NATUR	STATE
230 BURIA (SPECIF)	L, CREMATION, I Buria	REMOVAL	23b. DATE 8-7-8	24	Sacred	EMETERY OR CRI	Cem.	Dun	dalk	Ва	Lto Co STRAR'S SIG	NATUR MON-	d RE Randa

DHMH - 16 50M 1/81 (VRA 15, 4)

BP

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and is should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

Liter was the transfer of the Times Land to the state of the state in the second of with the commence of the comme Secretary and the secretary an

Market Comment of the

having a distance of any was all a find distances and the little of the state of the

moy be

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES

4	2.	1	3	3

		REGISTRAR				CERTIF	ICATE OF DEAT	Н	REG. NO	D.		
		EASED NAME	FIRST	A	AIDDLE	Į.	AST	12		MONTH	DAY YEAR	26 HOUR
	(TYPE)	OR PRINT)	MANA	IAH		FR	ANKEL		8	/14	184	1 A M
	3. SEX			4. RACE		S. DATE C		EAR 6	AGE (IN YEARS LAST BIR	(HDAY)	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
		우 FEMAI	Æ	WE	HITE	MONTH		912	72	YRS	DAT 3	MOOKS MIN.
-		OUNTRYL	OREIGN	Th CITIZEN OF	WHAT COUN	TRY? 8	D NEVER MARRI	ED 7	SALTIMORE CITY O	COUNT	Y OF DEATH	
2		ARY LAND		VS		WIDOWE			BALTIM	ORE C	ITY	MD.
	10, CIT	Y OR TOWN OF DEA	TH		HOSPITAL, NU		R OTHER INSTITUTI		USUAL OCCUPATI			OF BUSINESS OR
4	B	altime		22 A A A A	HOSP	BACTIN	WKZ		SE LF- E			CERY
2	USUA 13a. S	L RESIDENCE (IF NURSI	NG HOME OR	OTHER INSTITUTION,	GIVE RESIDENCE		13d. INSIDE CITY LIV	MITS?	STREET ADDRESS	ZIP COD	E	
)		10	BAC			S MILLS	YES X NO		132 Mays		ricle	#21117
	14 FA	THER'S NAME		A IDDLE	LAST		15 MOTHER'S MAI		MIDDLE		LA	57
K.		NATHAN	J	A	BRAMOV	ITZ	FANI				GROSŜ	MAN
,	16a W	AS DECEASED EVER		MED FORCES?		SECURITY NO	17 INFORMANT		YN F. ABR			
	y	(AS DECEASED EVER (S, NO OR UNKNOWN)	,		218-0	3-0220	132 MAYB	IN CIF	R. OWINGS	MILL		21117
		PART I. DEATH W	tEnter on	y one couse per	line for (a), (b	ol, and ici.i					BETWEEN	ONSET AND DEATH
				E CAUSE (0)	epsi	o, Sep	tre Shr	th	<u> </u>			
				DUE TO, OI	R AS A CONS	EQUENCE OF					0.1	
		Conditions, if ony,		(b)	UTI						La	my
		cause (o), stating	g the	DUE TO, O	R AS A CONS	EQUENCE OF						
				(c)	ancien	be CA					[n	nonin
	z	PART 2 OTHER SIGN	IIFICANT C	ONDITIONS <u>CC</u>	ONTRIBUTING	TO DEATH BUT	NOT RELATED TO T	HE TERMIN	AL DISEASE OR CON	DITION GI	VEN IN PART 1	a
4	CERTIFICATION	19a DATE OF OPERAT	ION	196 CONDI	TION FOR WI	HICH OPERATIO	N WAS PERFORMED		20a AUTOPSY?	T206 JE YE	S. WERE FINDI	NGS LISED
{	FFC	DATE OF OFERA	1014	I'm COND	TION TOK W	THE TOTE WATER	TO ASTERIORMEE		_ ~	IN CERT	FYING CAUSES	
슼	ERT	21a. ACCIDENT WAS UND	ERLYING	216 TIME O	F INJURY		21c HOW INJURY	OCCURRED	YES NO NO			NO []
r		OR CONTRIBUTING	AUSE OF DEA	119	M. MONTH							
	MEDICAL	(IF EITHER NOTIFY MEDIC	_	21e PLACE		19	211 LOCATION					
	WE	WHILE NOT WH	ale 🔲	(AT HOME STR	REET FACTORY OF	FICE FARM ETC)	STREET		CITY OR TO	WN	COUNTY	STATE
		22s I certify that (I)		ol) ottended the	e deceased fr	om_	1/2 19	84	10 8/1	4	1984	that (I) (we) lost
		sow the decease above, (1) (we) (a	d olive on	8/1	4	01	nd that in (my) (our)	opinion de	ath accurred on the d	ate and ho	ur and from the	couses stated
		2264SIGNATURE		view the budy	arrer deoin.		DEGREE				22c DATE	SIGNED
		Kaun	un o	Vie -		MD	ATTEN PHYS		MEDICAL STA		8/14	1/84
		224 PHYSICIAN'S NA	ME (TYPE O	R PRINT)			22e ADDRESS				ı	
		KANG	SUN	1 15	5		SINAI	HOS	PITAL OF	BAG	-TIMOR	E
		URIAL, CREMATION,	REMOVAL	AUG.15	,1984	FRIEDEL	MARY LAND	LODG	ROSEDAL	E BA	LTO _{\$\text{7}\$}	MD STATE

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician and completely filled in by the fur should be detached for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filed within with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.

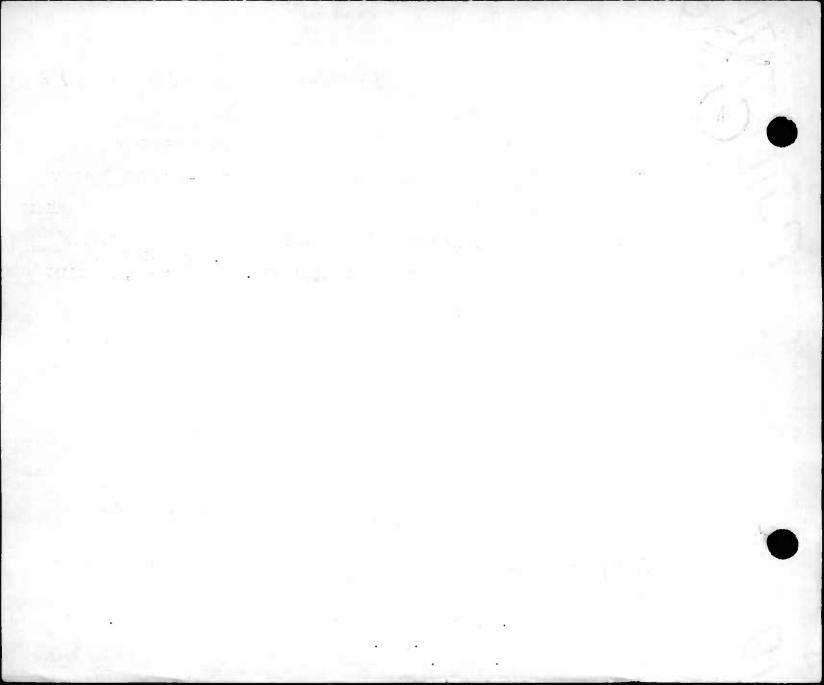
injury, or other troumotic event, the medical

IMPORTANT; If them 21 is morked or lem

74 FUNERAL DIRECTOR SOL LEVINS 6010 REISTERSTOWN RD. SOL

250. DATE REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
AUG 2 1 1984 Julia Davidson Randale

LEVINSON & BROS., INC. DWN RD. BALTO., MD 2 21215



requires that the death certificate be executed within 24 hours after deat

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physicion.

BP. DHMH - 16 50M 4/83 (VRA 15, 4)

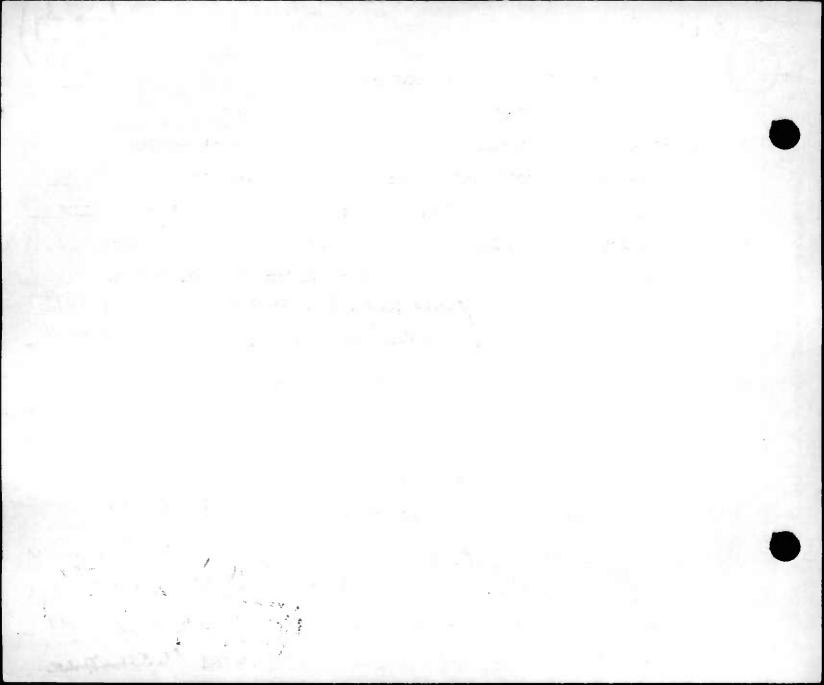
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the funeral director. A should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 hours after with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

STATE OF MARYLAND FOR - STATE

DEPAR

RTMENT OF HEALTH AND MENTAL HYGIENE	6.8	6-1	0	to g	
CERTIFICATE OF DEATH	REG.	NO.			

	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
	DECEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH DAY	YEAR 2b. HOUR
1 114	YPE OR PRINT) GLORIA	KNOW FF	RANKLIN	8 26 84	M
3. S		4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) IF U	INDER TYEAR IF UNDER 24 HRS
	female	Black	2 15 1938	46 YRS	THS DAYS HOURS MIN.
.7a	BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	8.	9 BALTIMORE CITY OR COUNTY OF	DEATH
B	Balto. Md.	U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore City	MD
1	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	IG HOME OR OTHER INSTITUTION	12a. USUAL OCCUPATION	126. KIND OF BUSINESS OR
	Baltimore	(IF NOT IN SUCH FACILITY, GIVE STREET)		(TYPE OF WORK FOR MOST OF WORKING LIFE)	INDUSTRY
USI	UAL RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE	ADMISSION)	4	
5 130	Md.	JNTY 13c. CITY OR TOW Balto.	N 13d INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CODE 2204 Rosvln Ave.	21216
14.1	FATHER'S NAME		15 MOTHER'S MAIDEN NA	ME	
0	Robert	Mills	Anna	MIDDLE	LAST
160	WAS DECEASED EVER IN U.S. A			ADDRESS)^
		GIVE WAR OR DATES)	Robert Jackso	on 25 S. Ellamont S	7-de
	no l	1		on 23 S. ELIAIDIL S	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUS		Restrictory Ca	lune	BETWEEN ONSET AND DEATH
- 1	IMMEDI	ATE CAUSE 10)	= 1007000000	con u	1 wan
		DUE TO, OR AS A CONSTOUR	INCE 8 P	24.0	6 months
l l	Conditions, if ony, which gove rise to immediate	(b) // // //	Ceci ming and		0.
	couse (a), stating the	DUE TO, OR AS A CONSEQUE	ENCE OF		
	underlying couse lost.	(c)			
1_		CONDITIONS CONTRIBUTING TO D	DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION GIVEN	IN PART 110
CERTIFICATION					
a 3	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		ERE FINDINGS USED IG CAUSES OF DEATH?
7 8				YES NO YES	
7 8	716. ACCIDENT WAS UNDERLYING			RED (ENTER NATURE OF INJURY IN ITEM IS PART	OR PART ?)
7 ₹	OR CONTRIBUTING CAUSE OF D	EATH	19		
MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY	211 LOCATION	CITY OR TOWN	COUNTY STATE
₹	WHILE NOT WHILE D	(AT HOME STREET, FACTORY, OFFICE F	ARM ETC) SINCE!	CHYOK TOWN	A
	21.1.0	pital) attended the deceased from	3-10 10 8	6 8-26	that (I) (we) las
	sow the deceased alive o	on 5-23 19 1	, and that in (my) (our) apinion	death occurred on the date and hour or	
	obove, (I) (we) (did) (dA)	the body after death.	DEGREE		77c DATE SIGNED
		on Atta	A	MEDICAL STAFF DIRECTOR PHYSICIAN	8->8-84
_	224 PHYSICIAN'S NAME 111H		PHYSICIAN L	DIRECTOR PHYSICIAN	0-20
	1 ppc c	HSIA	11000 To m	M.Rd Charles M	1 2/64.4
1	Long 3.	11300	14922/cm. 114	113 Par Wilmist ~ 1.	4 4-4
230	BURIAL, CREMATION, REMOVA	- : 6./	NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	OUNTY AA STATE
_	Burial	8-31-84 K	ing Mem, Park.	KANDAIISTOWN	V Ma.
24	FUNERAL DIRECTOR	ADDRESS		TE REC'D. BY REGISTRAR 256, REGISTRAR	
	Jac. A. MORTON	1 NONS 1701 LA	AURIONS MILE	29 1081 Tille Devis	4. 20



ond completely filled in by the funeral director

within 24 hours after

certificote be

deoth

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the haspital or attending physician.

FOR STATE PEGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

47%	-	119	.3	1
2	1	0	4	-

BY REGISTRAR 256 REGISTRAR'S SIGNATURE

Ca Davidson-Randelle

REGISTRAI			CERTIFIC	AIE OF DEATH	REG.	NO.		
1. DECEASED NAM	AE FIRST	MIDDLE	LAST		20. DATE OF DEATH	MONTH DA	Y YEAR	2b. HOUR
(TYPE OR PRINT)	Mary	T	fre	burger		8 25	5 84	6:20 DM
. SEX		. RACE	5. DATE OF		6. AGE (IN YEARS LAST		UNDERTYEAR	IF UNDER 24 HRS
/ Fen	ule	Caucasian	MONTH 3	7 63	8	YRS	ONTHS DAYS	HOURS MIN,
BIRTHPLACE	STATE OF FOREIGN 7	b. CITIZEN OF WHAT COUNTRY?	8.	NEVER MARRIED	9. BALTIMORE CITY	OR COUNTY C	F DEATH	
	more, ms	USA	WIDOWED		Balt	more	Coty	MD
CITY OR TOW		NAME OF HOSPITAL, NURSING OF NOT IN SUCH FACILITY, GIVE STREET.		OTHER INSTITUTION	12d USUAL OCCUPA		12b. KIND (F BUSINESS OR
Baltin	were and	University of	A	nd Hospital	Housewif			Maker
USUAL RESIDENCE 130. STATE	E (IF NURSING HOME) OF T	THER INSTITUTION, GIVE RESPONCE BEFORE	N 113	d INSIDE CITY LIMITS?	13e STREET ADDRESS	S/ZIP CODE	Road	21122
I. FATHER'S NAMERIST		DOLE LAST		E. MOTHER'S MAIDEN NA	WE		ma	Cabe.
	ED EVER IN U.S. ARM	WAR OR DATES) 166. SOCIAL SECU		Leonard F. F		Same as		
18 CAUSE	OF DEATH (Enter only	one couse per line for (a), (b), on	d (c+.)				APPROX	CIMATE INTERVAL
	DEATH WAS CAUSED	BY:	1-	ary Arre	ST			
	WWW.EDIATE	DUE TO, OR AS A CONSEQUE		7				
Conditions	Conditions, if any, which (16) Intracerebral bleed							3 Days
	to immediate 1, stating the	DUE TO, OR AS A CONSEQUE	ENCE OF					2)
underlying	couse lost.	1 Aspersu	MAG	infection			not	- Known
	HER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO	DEATH BUT NO	OT RELATED TO THE TERM	INAL DISEASE OR CO	NDITION GIVEN	IN PART I	0
NO PATE O	oly myalsic		ysmyel		ecrotic sur	ill inter	tho	
	F COERATION	196 CONDITION FOR WICH	OPERATON Y		20a AUTOPSY?		WERE FINDI	NGS USED S OF DEATH?
\$ 8	22/84	Gargienous	Small	Intestine	YES NO	YES		NO 🗆
OB CONTRIB	IT WAS UNDERLYING	216. TIME OF MUURY HOUR A.M. MONTH D	AY YEAR	The HOW INJURY OCCUR	RED (ENTER NATURE OF IN	JURY IN ITEM 18 PAR	I I OR PART 2)	
7	IOTIFY MEDICAL EXAMINER)	P.M.	19			Sec. 11		
-	OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F		II LOCATION STREET	CITY OR	TOWN	COUNTY	STATE
AT WORK	NOT WHILE AT WORK							
220.1 certif	that (1) (this hospita	ol) ottended the deceased from_	87	2 19 84	to	25 , 19	24.	that (I) (we) last
	sow the deceased alive on 1925 19 24, and that in (my) (our) opinion death accurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death.							
22b. SIGNA		4	DE	GREE	VITE E	-	, 22c DATE	SIGNED
0	rad D.	Cerner M.O.	2	ATTENDING PHYSICIAN	MEDICAL ST	AFF	8	25/84
22d. PHYSIC	IAN'S NAME (TYPE OR			?e. ADDRESS	. 0	- 0	100	
6	irad D.	Lerner Mil	D.	univ of	My Hosp	ital =	12 5.1	Greeve ST
30 BURIAL, CREA	MATION, REMOVAL	23b. DATE 23c. 1		NETERY OR CREMATORY	23d LOCATION	1/2		
(SPECIFY) B	urial		ly Rede	emer Cem	Ra I to		COUNTY	STATE

Ritchie Hgwy Balto Md 25a DATE REC'D.

DHMH - 16 50M 4/83 (VRA 15, 4) 24 FUNERAL DIRECTOR George J.

Gonce 4001

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and a should be detached for use as the buriol-transit permit. Then please remove carbompopers. Pages with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.

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		420	(\$4)39amas
rois end aliverson SELC			
	Emba Lile		
sel an one, morning	Paris Present	2 6 75 3	4 6
	THE CONTRACTOR OF THE		
was to			
	Dollary 3	V Inches	
	10 11.00 A 11.00	religion to percon	ering media.
entrals of the control of		Constant	
	il.	Veyve negg at order an	Laterel

	tem 18 10/1/84 FOR STATE	D	EPARTMENT OF HE				13	42	
	REGISTRAR	WED	ICAL EXAMINE	R'S CERTIFICA	TE OF DE	ATH REG.	NO.		
	PE OR PRINT)		MIDDLE	LAST		20. DATE KNOWN OF ESTI-	K) MONTH	DAY YEAR	26 HOUR
		tina Lo	ouise F.	reeland		DEATH MATED		/8419	M
3. SI	emale Negro	5. DATE OF BIRTH	YEAR 6. AGE (IN YEARS LAST BIRTHDAY) YRS.		UNDER 24 HRS.	2t. DATE PRONOUNCED DEAD	8/24/	DAY YEAR	HOUR P M
7a	SIRTHPLACE (STATE OR	76 CITIZEN OF WH		11/		1 BALTIMORE CIT			M
1 M	oreign country) aryland	U.S.A			IVORCED	Baltimore			MD.
٩.	Baltimore	Johns Ho	PITAL, NURSING HOME, C CHITY, GIVE STREET ADDRESS) OPKINS HOSPI	tal Peā. I	FOR	UALOCCUPATION (MOST OF WORKING LIFE) Child	TYPE OF WORK	OR INDUSTR	SINESS
13a	AL RESIDENCE (IF IN NURSING HOMESTATE 13% COL Caryland Fre	e or other institution, GIV INTY derick	ERESIDENCE BEFORE ADMISSION) 13c. CITY OR TOWN Frederic	13d. INSIDE CITY EI	MITS? 13e STE	REET ADDRESS	er Aver	nue/21	701
a P	ATHER'S NAME	WIDDLE	LAST	TS. MOTHER'S	MAIDEN NAMI			LAST	
1	- 1	Lee	Freeland	Verl	ean	Louise	(Grice	
110	WAS DECEASED EVER IN U.S. A		None	O. 17 INFORMAN	IT		ötter	Avenu	e 1701
F	18 CAUSE OF DEATH (Enter	only one couse per line				, 11.00	CLICK	APPROXIMATE BETWEEN ONSET	INTERVAL
П	PART I DEATH WAS CAUS	SED BY: IATE CAUSE (o)	South as End	omo Devide	Dyrad on	8		BETWEEN ONSET	AND DEATH
1	IMMED		AS A CONSEQUENCE OF		-	0 1			
1	Conditions, if ony, which								
	couse (o) stoting the unde		AS A CONSEQUENCE OF						
1	lying couse lost.	(6)							
1.	PART 2 OTHER SIGNIFICANT CONDITIO	NS CONTRIBUTING TO DEATH R	UT NOT RELATED TO THE TERMINA	L DISEASE OR CONDITION GIV	EN IN PART 1 (a)				
CERTIFICATION	IA DATE OF COERATION	Tin cours						1	
CA	190 DATE OF OPERATION	196 CONDIT	ION FOR WHICH OPERAT	ION WAS PERFORMED)?			20 AUTOPSY?	
ETE	210 EXTERNAL CAUSE WAS	21b. TIME OF	Is in the	41 110111111111111111111111111111111111				YES X	NO 🗆
	UNDERLYING OR CONTRIBUTING CAUSE O	F DEATH P.M.	MONTH DAY YEAR	21c. HOW INJURY OC	CURRED (ENTER	NATURE OF INJURY IN ITEM	18 PART 1 OR PART	2)	
MEDICAL	214. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK		OF INJURY (AT HOME, DRY, FARM, ETC.)	211 LOCATION STREET		CITY OR TOWN	COUN	ΙΤΥ	STATE
	220 I certify that I took cha death resulted from: No	[27]	Accident , Suicio	le , Homicide		Inquiry ,	and in my opin	nion	
	ACTUAL SIGNATURE	SILA		M.D. ASSIS		DICAL EXAMINER	DATE	8/25	/84
1	EXAMINER'S NAME (TYPE OR PRINT) GI	eogry R. K	auffman, M.D						
73a.	BURIAL, CREMATION, REMOVAL			TERY OR CREMATORY		OCATION	.,	. 21201	
	Burial	8/28/84			CITY	ORTOWN	Frede	rick.Me	d.
24	ELINEDAL DIDECTOR			250	DATE REC'D. B	ederick,	GISTRAR'S SIC	SNATURE	
G	Douglas Sta	uffer, Fre	derick, Md	21701	AUG 3 :	1 1004 fresh	a Devidson	- Andree	

35+1

may be

death certificate be executed within 24 hours after

requires that the

OR ATTENDING PHYSICIAN: The low

TO HOSPITAL

BP.

retained by the hospital ar attending physician

CTATE OF MADVIAND FOR - STATE

2	SIAIL OL W	MAKTLAND	
DEPARTMENT	OF HEALTH	AND MENTAL	HYGIENE
		E OF DEATH	0

4-1	2	1 3	4	3

1. DECEASED NAM	_											
(TYPE OR PRINT)	NE FIRST	MIDE	DLE	LA:	.51		20 DATE OF			OAY YEAR		HOUR
	KAI	RL L	•	FREV	EL			st 1,		4	-	LA
3. SEX		4 RACE		5. DATE OF		YEAR	6. AGE (INY	140	HOAY)	# UNDER TYE		UNDER 24 H
Mal			nite	Aug	. 4,	1907	76		YRS.			
7a BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WH		MARRIED	NEVER	MARRIED -				Y OF DEATH		
German	W.	U.S.A	-	WIDOWED		DIVORCED [timor				
	imore	11. NAME OF HOS	ke Mont	ebello			12a USUAL ((TYPE OF WOR)			12b. KINI INDUST	O OF BU	JSINESS
Maryland	13b COUP	OTHER INSTITUTION GIV NTY 130	e residence befor c. CITY OR TOW Baltim	ore	YES 🍱	CITY LIMITS?	13. SIREEL /	DORESS /	ZIP COP Mont	ebello	Te	rr.
14. FATHER'S NAM FIRST Ludwig		WIDDLE	Freve			R'S MAIDEN NA	ME	MIDDLE		Lo	we r	
	ED EVER IN U.S. AR	C 1111 O D D 1 1 2 C 1	b. SOCIAL SECU		17 INFORM			ADDRES				
Yes NO OR UNKN	WW.	TH DATES)	212-03-	9580	Nona	G. Frev	el 2105	Lage	Mon	tebell	o T	err.
a / anamone	if ony, which	(.L.										
gove rise couse (a), underlying		(c)	S A CONSEOU TRIBUTING TO	DEATH BUT N			200 AUTO		20b IF YE	S, WERE FIN FYING CAUS	DINGS SES OF	
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DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the funeral shauld be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be filled within 72 with the State Dept- of Health and Mental Hygiene prior to burial, cremation, or remaval.

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aged off-discount ages title forces in accommendation for the

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Make Harman Mark S.

1		m
(B)
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Figg 4 metal-	recovered by the mapping of controlling physicians are signed by the attending physician and completely filled in by the funeral director.

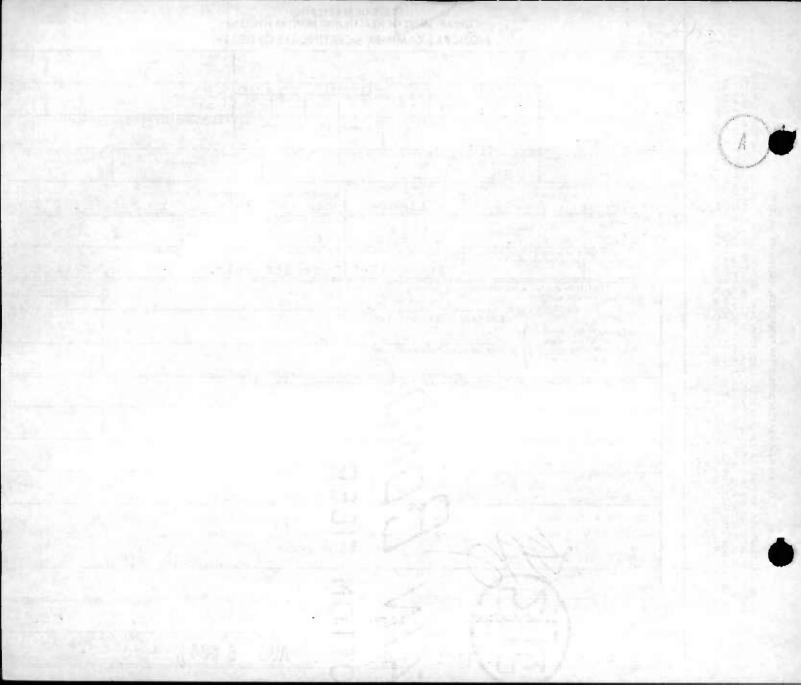
		STATE REGISTRAR	CERTIFIC	ATE OF DEATH	REG. NO	D. MONTH DAY YEAR 26 HOUE
fig.		CEASED NAME FIRST Adam	MIDDLE LAS	itz		3 29 84 35
offer of	3. SEX		4. RACE S. DATE OF MONTH 02	BIRTH 1891	6. AGE (IN YEARS LAST BIRT	HDAY) IF UNDER 1 YEAR IF UNDER 3 MOURS YRS.
25 es 25		RTHPLACE STATE OR FOREIGN OUNTRY)	76. CITIZEN OF WHAT COUNTRY? 8. MARRIED WIDOWED	□ NEVER MARRIED □	Baltimore City O	R COUNTY OF DEATH
filed within	3	altimore	11. NAME OF HOSPITAL, NURSING HOME OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) MERCY HOSPITAL	OTHER INSTITUTION	12a. USUAL OCCUPATION OF THE STATE OF WORK FOR MOST OF SR. CLS R	
nould be fill		I RESIDENCE HE NURSING HOME OF	R OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) NTY Baltoliza, CITY OR TOWN	36. INSIDE CITY LIMITS?	130. STREET ADDRESS Balt wa	Aired a
ampletely to and 2 sho and 2 sho and 2 sho	14 FA	THER'S NAME FIRST CONRAW	MIDDLE LAST FRITZ	5. MOTHER'S MAIDEN NA	WE	Heil
s. Pages 1 e medical e		AS DECEASED EVER IN U.S. AR	RMED FORCES? 166 SOCIAL SECURITY NO. VE WAR OR DATES)	MERCY HOS	ADDRE	Record APPROXIMATE INTER BET WEEN ONSET AND
d by the attend ease remave co al, crematian, a st ather trauma		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last.	Due to, OR AS A CONSEQUENCE OF	+ 0.0	eclanism	
Then pl	TION	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERM	MINAL DISEASE OR CON	
been signer rmit. Then pl prior to burn any injury, o	RTIFICATION	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERM	280. AUTOPSY? YES NO	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEAT YES NO
ficate has been signed ransit permit. Then pl I Hygiene prior to burn 18 shows any injury, c	CAL CERTIFICATION	PART 2. OTHER SIGNIFICANT	196. CONDITION FOR WHICH OPERATION 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR ER; P.M. 19	WAS PERFORMED 21c. HOW INJURY OCCUR	280. AUTOPSY? YES NO	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEAT YES NO
is certificate has been signed burial-transit permit. Then pl I Mental Hygiene prior to buri or Item 18 shows any injury, of	MEDICAL CERTIFICATION	PART 2. OTHER SIGNIFICANT	196. CONDITION FOR WHICH OPERATION 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR	OT RELATED TO THE TERM	200. AUTOPSY? YES NO RED (ENTER NATURE OF INJU	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEAT YES NO THE PROPERTY OF PART 2)
certificate has been signed vial-transit permit. Then placemental Hygiene prior to burnitem 18 shows any injury, of	1	PART 2. OTHER SIGNIFICANT 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHIE ATWORK NOT WHILE SOW the decepted dive of	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19 21c. PLACE OF INJURY (AT HOME. STREET, FACTORY, OFFICE, FARM, ETC.)	WAS PERFORMED 21c. HOW INJURY OCCUR 21f. LOCATION STREET	280. AUTOPSY? YES NO RED (ENTER NATURE OF INJU	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEAT YES NO RY IN ITEM 18 PART 1 OR PART 2) WN COUNTY S Tote and hour and from the causes steeped and hour and from the causes steeped and the causes and the causes steeped and the causes steepe
DIRECTOR: After this certificate has been signed inched for use as the burial-transit permit. Then play Dept. of Health and Mental Hygiene prior to burial fit hem 21 is marked or them 18 shows any injury, of	1	PART 2. OTHER SIGNIFICANT 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d. IN JURY OCCURRED WHILE NOT WHILE ATWORK 22a.1 certify that of (this hosp sow the decreed alive of above, the well did (did 22b. SIGNATURE	216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19 216. PLACE OF INJURY (AT HOME. STREET, FACTORY, OFFICE, FARM, ETC.) 217. PLACE OF INJURY (AT HOME. STREET, FACTORY, OFFICE, FARM, ETC.) 218. PLACE OF INJURY (AT HOME. STREET, FACTORY, OFFICE, FARM, ETC.)	WAS PERFORMED 21t, HOW INJURY OCCUR 21t LOCATION STREET 4 that in (my lour) opinion EGREE ATTENDING PHYSICIAN	280. AUTOPSY? YES NO RED (ENTER NATURE OF INJU	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEAT YES NO ENTERNMENT 18 PART 1 OR PART 2) WIN COUNTY STORE OF THE C
ERAL DIRECTOR: After this certificate has been signed edetached for use as the burial-transit permit. Then plated Dept. of Health and Mental Hygiene prior to burial. If them 21 is marked at Item 18 shows any injury, or	1	PART 2. OTHER SIGNIFICANT 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF ETHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE AT WORK 22a.1 certify that (Ithis hasp sow the deceased alive of above, (Howe) (Ithis hasp above, (Howe) (Ithis hasp 22b. SIGNATURE 22d. PHYSICIAN'S NAME (TYPE)	216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19 216. PLACE OF INJURY (AT HOME. STREET, FACTORY, OFFICE, FARM, ETC.) 217. PLACE OF INJURY (AT HOME. STREET, FACTORY, OFFICE, FARM, ETC.) 218. PLACE OF INJURY (AT HOME. STREET, FACTORY, OFFICE, FARM, ETC.)	WAS PERFORMED 21c. HOW INJURY OCCUR 21f. LOCATION STREET 19 4 that in (my lour) opinion EGREE ATTENDING PHYSICIAN [22e. ADDRESS	200. AUTOPSY? YES NO CITY OR TO death occurred on the d	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEAT YES NO ENTERNMENT 18 PART 1 OR PART 2) WIN COUNTY STORE OF THE C
DIRECTOR: After this certificate has been signed oched for use as the burial-transit permit. Then place to the definition of the place of them 21 is marked or them 18 shows any injury, of them 21 is marked or them 18 shows any injury, of them 21 is marked or them 18 shows any injury, or the place of them 21 is marked or them 18 shows any injury, or the place of them 21 is marked or them 18 shows any injury, or the place of the pla	WEDICAL 33.0.E	PART 2. OTHER SIGNIFICANT 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d. IN JURY OCCURRED WHILE NOT WHILE ATWORK 22a.1 certify that of (this hosp sow the decreed alive of above, the well did (did 22b. SIGNATURE	216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19 216. PLACE OF INJURY (AT HOME. STREET, FACTORY, OFFICE, FARM, ETC.) 217. OR PRINT) OR PRINT) CAN D. OR PRINT) CAN D. ON TO D.	WAS PERFORMED 21c. HOW INJURY OCCUR 21f. LOCATION STREET 3 19 3 that in (my lour) opinion EGREE ATTENDING PHYSICIAN (1) 22e. ADDRESS MERCY METERY OR CREMATORY	200. AUTOPSY? YES NO CITY OR TO MEDICAL STA MEDICAL PHYSIC 1336. LOCATION BALTOMAN ALTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEAT YES NO CAUSES OF DEAT YES NO COUNTY STATES OF DEAT 1 OR PART 2) WAN COUNTY STATES OF DEAT 1 OR PART 2) WAN COUNTY STATES OF DEAT 2 OF

LET SERVE YOU WE WERE THE Provide Play of NEAD TO BE STORY the state of the same was not been and the - de grande anno de la companya de l muchan for hitsering 1 to Call to Many the The Beth play

BP. **DHMH** - 17 (VR A15 ME (5 20M 4/82

	TATE OF MARYLAND OF HEALTH AND MENTA	L HYGIỆNE
MEDICAL EXAM	INER'S CERTIFICATE	OF DEATH
MIDDLE	LAST	7a. DATE

	FOR STATE REGISTRAR		STATE O DEPARTMENT OF HEAD DICAL EXAMINER'S			3 4 5
	CEASED NAME FIRST		MIDDLE	LAST	KEG. NO.	ONTH DAY YEAR ZE HOUR
(TYPI	PE OR PRINT) Fro	1	D. F	ulford	OF ESTI-	
SEX		5. DATE OF BIRTH	6. AGE (IN YEARS IF			NTH DAY YEAR 14 HOUS
r	male black	8 5	51 32 YRS.	ONTHS DAYS HOURS	MIN PRONOUNCED BY	2/84 19 10:3.
a BI	IRTHPLACE (STATE OR	76 CITIZEN OF WH	AT COUNTRIES In	ARRIED NEVER MARRIE	A DALTHAODE CITY OD CO	
	N.Carolina	U.S.			Baltimore Cit	Y MD
	ITY OR TOWN OF DEATH	11. NAME OF HOSE	PITAL, NURSING HOME, OR		120 USUAL OCCUPATION (TYPE OF WO	
-	Baltimore		Hospital		FOR MOST OF WORKING LIFE)	OK INDUSTRY
	AL RESIDENCE (IF IN NURSING HOME	E OR OTHER INSTITUTION, GIV	E RESIDENCE BEFORE ADMISSION)	had ment city courses	13. CYDEET ADDRESS	
	Maryland 136 COU	NIT	Baltimore	13d. INSIDE CITY LIMITS? YES X NO	3809 Cedarhur	st Rd. 21206
I. FA	ATHER'S NAME	M/DOLF		15 MOTHER'S MAIDE		LAST
V	William	E.	Fulford	Owedia	M.	Rich
a. V	WAS DECEASED EVER IN U.S. A	RMED FORCES?	166. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS	
(1)	YES	VE WAR OR DATES)	216-56-116	0 Rosalita	Fulford 3809	Cedarhurst R
	couse (a) stating the unde	DUE TO OP	AS A CONSEQUENCE OF			
NO	couse (o) stating the underlying couse lost. PART 2 DTNER SIGNIFICANT CONDITION	(c)	AS A CONSEQUENCE OF	SEASE OR CONDITION GIVEN IN PAR	T.) (a):	
CATION	lying couse lost.	(c)			T) (e).	20 AUTOPSY?
TIFICATION	lying couse lost. PART 2 DTNER SIGNIFICANT (DADITION	(c)	OUT NOT RELATED TO THE TERMINAL DI		I 1 (a).	20 AUTOPSY? YES X NO
	lying couse lost. PART 2 DTNER SIGNIFICANT (DADITION	(c) 196 CONDIT	INT NOT RELATED TO THE TERMINAL DI ION FOR WHICH OPERATION INJURY 211 INDURY YEAR 211	N WAS PERFORMED?	T (g): D (ENTER NATURE OF INJURY IN ITEM 18 PART) (YES X NO
MEDICAL CERTIFICATION	I lying couse lost. PART 2 DINER SIGNIFICANT CONDITION 19a. DATE OF OPERATION 21a. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21d. INJURY OCCURRED	196 CONDITION TIME OF HOUR STATE OF THE STREET, FACE CONTRIBUTING 10 DEATH IN 1975 THE STREET, FACE CONTRIBUTING 10 DEA	INJURY MONTH DAY YEAR 8 2/1984 SOFT INJURY (AT HOME, CIC.)	NWAS PERFORMED? HOW INJURY OCCURRED SUBject shot LOCATION STREET		YES X NO OR PART 2) COUNTY STATE
	I lying couse lost. PART 2 DTNER SIGNIFICANT CONDITION 19a. DATE OF OPERATION 21a. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK 22a. I certify that I took cho	196 CONDIT 196 CONDIT 1976 CON	INTINDT RELATED TO THE TERMINAL DI ION FOR WHICH OPERATION INJURY MONTH DAY YEAR 8/ 2/1984 SET INJURY ORY, FARM, ETC.) 3	NWAS PERFORMED? THOW INJURY OCCURRED SUBject Shot LOCATION STREET BLOCK DO HOPSY X, Inspection Hamicide X, TITLE (SPECIFY)	CITY OR TOWN Ifield Ave., Balt Inquiry, and in a Undetermined manner,	YES X NO COUNTY STATE
MEDICAL	I lying couse lost. PART 2 DTNER SIGNIFICANT CONDITION 19a. DATE OF OPERATION 21a. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21d. INJURY OCCURRED WHILE AT WORK AT WORK 22a. I certify that I taak cho death resulted fram: Not ACTUAL	196 CONDIT 196 CONDIT	INJURY MONTH DAY YEAR BY ACIDEN STINJURY ACIDEN	NWAS PERFORMED? LOCATION STREET 8400 Block Do Homicide X TITLE (SPECIFY) M.D. ASSISTAD	CITY OR TOWN Ifield Ave., Balt Inquiry . and in a Undetermined manner .	YES X NO COUNTY CO. City, Md. ATE 8/3/84



OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4

*	FOR - STATI REGI:
(B)	1. DECEASED

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENES

i	2	1	C.	

ı		STATE REGISTRAR			DEI ARTIN	CERTIF	ICATE OF DEATH	REG. NO.			
1		EASED NAME	FIRST	MIC	DDLE	L	AST	20 DATE OF DEATH MONT	TH DAY YEAR	26 HOUR	
ı	(TYPE C	PRINT)	ALFRED	B .		FULT	Z Sr.	AUGUST		8:40a	M
	3. SEX	/ale	1	White		Jan	DE BIRTH 26 DE 1926 YEAR	6 AGE LIN YEARS LAST BIRTHDAY	YRS.		RS.
		THPLACE (STATE		USA	HAT COUNTRY?	MARRIEI WIDOWE	NEVER MARRIED DIVORCED	9 BALTIMORE CITY OR CO			MD.
1	BA	Y OR TOWN OF	/	VA MED	FACILITY, GIVE STREET A	ITER E	BALTIMORE MD	170 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK MOLIGER	IKING LIFE) 126. KIND INDUSTR	of Business	OR L
	USUA 13a ST	RESIDENCE IF	AM COUNT	ltimore	ive residence before 3c. City or Town Dundal	ADMISSION)	13d. INSIDE CITY LIMITS?	130 STREET ADDRESS / ZIP	r Rd. 2	1222	
5	14 FAT	HER'S NAME	Gult	DDIE Z	LAST		15. MOTHER'S MAIDEN NA Anna	weatherholtz		IAST	
5	16s/W	AS DECEASED E	VER IN U.S. ARA	AED FORCES?	66. SOCIAL SECUI	RITY NO.	17 INFORMANT	ADDRESS			
4	YE.	Yes	" WWI	WAR OR DATES) 2	28 26 78	25	Charlotte Fu	ltz, Wife	Same		
		Conditions, if gave rise to couse (o), s underlying co	IMMEDIATE ony, which immediate toting the	DUE TO, OR DUE TO, OR DUE TO, OR (b) DUE TO, OR	AS A CONSEQUE	NCE OF		elle CA		OXIMATE INTERVAL EN ONSET AND DEA	.th
1	CERTIFICATION	PART 2 OTHER:		Ascite	0		NOT RELATED TO THE TERM		b IF YES, WERE FIN CERTIFYING CAUS	DINGS USED	
7		71a, ACCIDENT WA OR CONTRIBUTING (IF EITHER NOTIFY		716. TIME OF HOUR A.M	MONTH DA	AY YEAR	21c. HOW INJURY OCCUI	RRED (ENTER NATURE OF INJURY IN I	YES	NO []	_
	MEDICAL	21d INJURY OCC	CURRED OF WHITE F WORK	21e PLACE O	F INJURY ET FACTORY OFFICE, F.	ARM ETC)	ZIF LOCATION STREET	CITY OR FOWN	COUNTY	STATE	
		sow the de	ceased alive on re) (did) (d X d X) X	ol) attended the Augus wew the body o	deceased from _ t 14, 19 fter death.	840	nd that in XX (our) apinion DEGREE ATTENDING	n death accurred on the date of	and hour and from	that (K (we)) the couses stated IE SIGNED	
_		22d PHYSICIAN	S NAME (TYPE OF	PR	2 1000		PHYSICIAN 22e ADDRESS	DIRECTOR PHYSICIAM		11980	1_
		1	Fra.	of tim	MD		3900 Loch R	laven Blud. Bal	to Md 21	218	
11	23a B	URIAL, CREMATI	ON, REMOVAL	73h DATE			EMETERY OR CREMATORY		TOUNTY C	NAME OF THE PARTY	E

BP DHMH - 16 50M 4/83 (VRA 15, 4)

retained by the hospital or attending physicia

TO HOSPITAL

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director. should be detached for use as the burial-transit permit. Then please remave carbon popers. Pages 1 and 2 should be fulled writin. This is ofto with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar remaval.

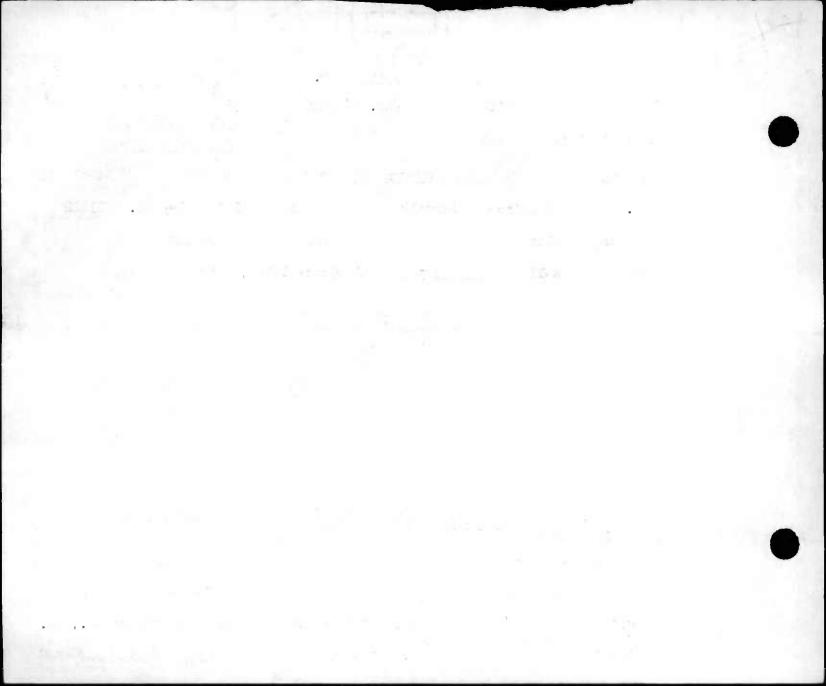
IMPORTANT: If Hem 21 is marked or Hem 18 shows any injury, ar ather traumante event, the

Funeral

Folly Hill Memor: Hill Memorial

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

AUG 1 7 1984 Julia Davidson Rondalle



73c NAME OF CEMETERY OR CREMATORY

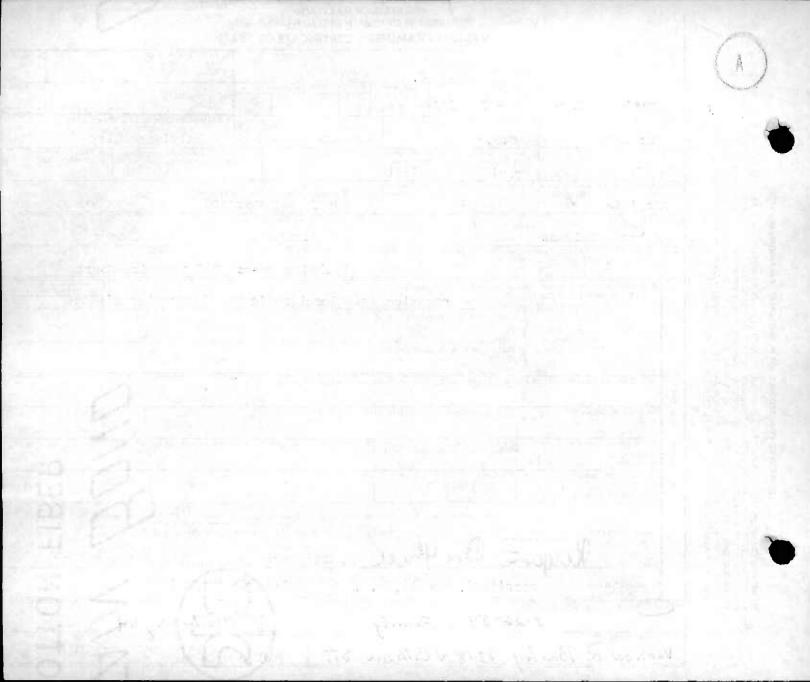
DHMH - 17 (VR A15 ME (5)) 20M 4/82

24 FUNERAL DIRECTOR

23d. LOCATION

mollusk

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATUR guna Dayason-Mandale



completely filled in by the futerial direct Ingoing 2 should be filed within 72 frames

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and c should be detached for use as the burial-transit permit. Then please remave carbonpapers. Pages with the State Dept of Health and Mental Hygiene priar ta burial, cremation, ar remaval. IMPORTANT: If Hem 21 is marked at Hem 18 shaws any injury, at other traumatic event, the

BP. DHMH - 16 50M 4/B3 (VRA 15, 4)

must be positived of

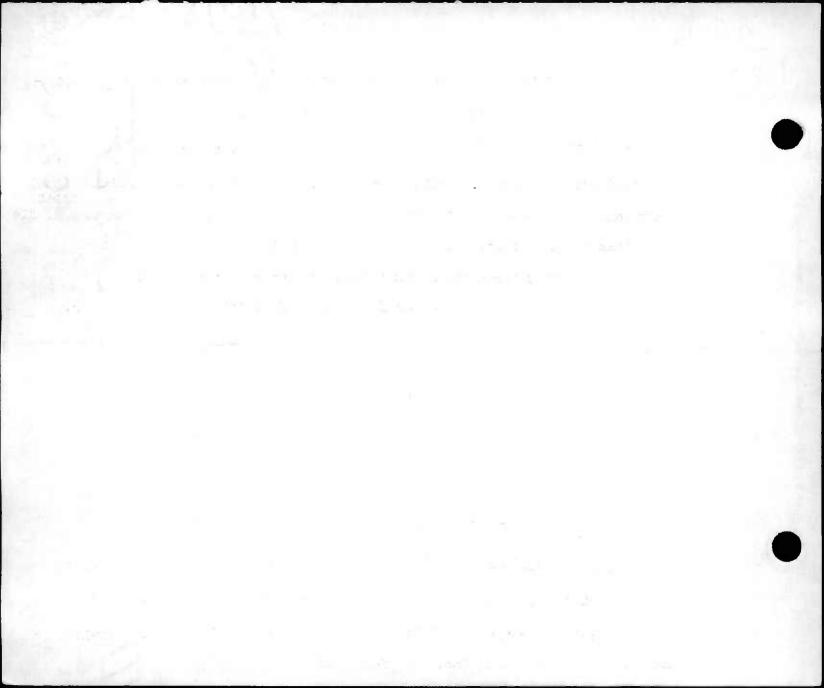
medical

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

13	1	. 3	63	- 6
11-0	E	-2		

	REGISTRAR					REG. NO	O		
		WIDDIE	L	ST		20 DATE OF DEATH	MONTH D	AY YEAR	26 HOUR
	WAL	TER JOS	EPH G	ANS, J	R.				8:05 Am
3. SEX		4 RACE			YE AD	6. AGE (IN YEARS LAST BIRT			IF UNDER 24 HRS. HOURS MIN.
	Malr	White	6	22	1925	59	YRS		M. M.
		76 CITIZEN OF WHAT COU	NTRY? 8	K NEVER	MARRIED T	9. BALTIMORE CITY O	COUNTY	OF DEATH	
	Virginia	USA				Baltimor	e City	,	MD.
10 CI	TY OR TOWN OF DEATH			R OTHER INS	TITUTION				F BUSINESS OR
	Baltimore			eet Ap	t. 314	Presiden	t	Britis	h Steel
13a S				13d. INSIDE	CITY LIMITS?	13e STREET ADDRESS	ZIP CODE		21218
		Balt	imore	YES 💭	NO [arles	Street	Apt. 31
14 FA		MIDDLE LA	ST	15 MOTHER				1.45	1
	Walter Jose	ph Gans, Sr.						Ster	
			L SECURITY NO.	17 INFORM	ANT	ADDRE	SS		
(1			20-2408	Mrs.	Edna Gai	ns same a	s # 13		
	18 CAUSE OF DEATH (Enter on	ly one cause per line far (a),	(b), and (c).)	, 11	1 10	mil		40	MATE INTERVAL ONSET AND DEATH
			rakables	MIL	LAKUTY	MULLIAM		4	fler
		DUE TO, OR AS A CON	SEQUENCE OF						
	Canditions, if any, which	(b)						-	
	cause (a), stating the	DUE TO, OR AS A CON	SEQUENCE OF						
	underlying cause last	(c)							
	PART 2 OTHER SIGNIFICANT O	ONDITIONS CONTRIBUTIN	G TO DEATH BUT	NOT RELATE	TO THE TERMI	NAL DISEASE OR CON	DITION GIVE	N IN PART 1	0
O									
CAT	190 DATE OF OPERATION	196 CONDITION FOR V	VHICH OPERATION	WAS PERF	DRMED	70a AUTOPSY?			
TIF						YES NO			NO 🗌
CER			H DAY YEAR	21c. HOW II	NJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM IS RA	RT I OR PART 2)	
AL		118	19						
EDIC	21d INJURY OCCURRED	21a PLACE OF INJURY				CITY OF TO	WN	COUNTY	STATE
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 3 _ 4 STATE CERTIFICATE OF DEATH REGISTRAR 2a DATE OF DEATH I. DECEASED NAME EIRST MIDDLE MONTH 26 HOUR (TYPE OR PRINT) PAUL 84 C GARROTT 12 AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYFAR # UNDER 24 HRS 3. SEX 4 RACE 5 DATE OF BIRTH MONTH White Oct. 1. 1896 87 Male VDS 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE I STATE OR FOREIGN MARRIED NEVER MARRIED COUNTRY Baltimore City USA MD WIDOWED 1. NAME OF HOSPITAL NURSING HOME OF OTHER INSTITUTION 10 CITY OR TOWN OF DEATH 17h KIND OF BUSINESS OR IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Baltimore Union Memorial Hospital Claim Agent B&O RR USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
13a. STATE

13c. CITY OR TOWN 13e STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? 19 Croftley Road, 21093 MD Baltimore Lutherville NO X 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE Moore Davis Garrott Mary Lee 166 SOCIAL SECURITY NO. 17 INFORMANT 60 WAS DECEASED EVER IN U.S. ARMED FORCES LYES NO OR UNKNOWN) LIF YES, GIVE WAR OR DATEST 705 10 4008 Mrs. Douglas Heath. Same No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o) (b), on (c)
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DHMH - 16 50M 4/83

FUNERAL

(VRA 15, 4)

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MPORTANT:

8/16/84 Entombment

23a BURIAL, CREMATION, REMOVAL

23c NAME OF CEMETERY OR CREMATORY Dulaney Valley

MD Baltimore County,

24 FUNERAL DIRECTOR Henry W. Jenkins & Sons Co. 4905 York Road Balto., MD 21212

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE Archia Davidson Bandall

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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V A 31	MEDICAL CERTIFICATION	Iying cause lost. PART 2 DTHER SIGNIFICANT COMDITIONS 19a. DATE OF OPERATION 21a. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21d. INJURY OCCURRED WHILE AT WORK AT WORK 22a. I certify that I took charge	19b CONDI 21b TIME O HOUR A.A DEATH 21e PLACE STREET, FAC	RUT NOT RELATED TO THE T ITION FOR WHICH OF IF INJURY M. MONTH DAY YE M. 19 OF INJURY (ATHOME, CTORY, FARM, ETC.)	ERMINAL DISEASE DR CON PERATION WAS PER 216 HOW IN. 216 LOCATION STREET Autopsy X Suicide . H	IURY OCCURRED (E	NIER NATURE OF INJURY IN ITE	M 18 PART 1 OR PART 2) COUNTY	YES [X]
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	1. DEC	CEASED NAME	FIRST		MIDDLE		· · · · · ·	LAST				REG.		TH OAY	YEAR	26 HOUR
	{TYP	E OR PRINT)	VICT	OR	J.		(GERCZA	K, SR		OF	ESTI-	□ 8	12	1084	M
	3. SEX		4 RACE	S DATE OF BIRTH	YEAR	6. AGE (IN	YEARS IF U	NDER TYR.	IF UNDER	24 HRS.	2c. DATE		MÖNI	H DAY	YEAR	24 HOUR
	M	ALE	WHITE	12 29	23	4.0	YRS. MON	HS DAYS	HOURS	MIN	PRONOU! DEAL		8	3 12	1984	5:20
		RTHPLACE (ST	ATE OR	76 CITIZEN OF WH	AT COUN	TRY?	8. MARE	IED X NE	VER MARRI	ED []	9 BALTIA	AORE CITY	Y OR COL	INTY OF	EATH	
36		ARYLAND)	II.	S.A.			VED	DIVORCE		Balti	more	City	7		MD.
		TY OR TOWN		11. NAME OF HOSE	PITAL, NU	RSING HO		HER INSTITU	TION	12a. USI	UAL OCCU	PATION (RK 12b KI	VD OF BL	ISINESS
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	USUA	LRESIDENCE		OR OTHER INSTITUTION, GIV	_	4			CCI					CII	1 01	DULL
4	13a S1		13b COUI	NTY		OR TOWN		13d INSIDE CI			EET ADDR		T.T. ()	TD T T T	0.1	00/
_		ARYLAND THER'S NAME			BAI	TIMOR	E	YES X	NO [09 0'	DONNE	LL S	TREET	, 21	224
	14. FA	FIRST		MIDDLE		LAST		F	R'S MAIDE	NAME	A	AIDDLE			LAST	
0		JOSEPH			GERC				RTHA					KOWA	LSKI	
	16a V	VAS DECEASEI E5. NO, OR UNKNO	DEVER IN U.S. AI	RMED FORCES? E WAR OR DATES)	166 SOC	CIAL SECUR	ITY NO.	17. INFORA	MANT			ADDRE	SS		212	24
		YES	WW	II	216	-14-8	455	ELEA	NOR C	ERCZ	ZAK	6609	O'DO	NNELL	STR	EET
		lying cau		CONTRIBUTING TO DEATH B				SE OR CONDITION	N GIVÊN IN PAI	RT 1 (o).						
7	CERTIFICATION	190. DATE OF	OPERATION	196 CONDIT	ION FOR	WHICH OP	ERATION V	VAS PERFOR	MED?						UTOPSY	Хои
3	ICAL CERT		CAUSE WAS	21b. TIME OF HOUR A.M.		DAY YE.		OW INJURY	OCCURRE	D (ENTER	NATURE OF IN	JURY IN ITEM	18 PART 1 O		152	NOAL
)	MEDIC	21d INJURY C WHILE AT WORK	NOT WHILE AT WORK	21e PLACE O STREET, FACTO				CATION			CITY OR TO)WN	4	COUNTY		STATE
2		220 I certil death resulte ACTUAL SIGNATURE EXAMINER'S (TYPE OR PRIN	NAME DON'S	ural causes K	Acident	47	Autop Suicide	Homic TITLE (SI A.D. ASSI		Undet	Inquiry Permined m	anner		TE 8	-13-8 2120:	
24	(5		TION, REMOVAL	23b DATE 08-16-84	23c. 1		EMETERY O	OR CREMATO	ORY	CITY	OCATION OR TOWN	C BA	LTIMO	OUNTY ORE	MARY]	LAND

BP HUBBARD FUNERAL HOME, DHMH - 17 INC. 4107 WILKENS AVE. (VR A15 ME (5)) 20M 4/82

21229

sh registrar's signature Julia Davidson-Randelle

ALL PROPERTY AND DESCRIPTION

	STA	TE	OF M	ARYL	AND	
DEPARTMENT	OF	HE	ALTH	AND	MENTAL	HYGIEN

CERTIFICATE OF DEATH

REG. NO.				
28 DATE OF DEATH MONTH	DAY	YEAR	2b HOU	JR
8/20/54	/		9/5	}
AGE (IN YEARS LAST METHOAY)	IF UNDE	RIYEAR	E UNDER	24 HR5
	MONTHS	DAYS	HOURS	MIN.
96				

REGISTRAR MIDDLE DECEASED NAME LIVER OF PRINTS F. HOWARD. GERLACHE 4 RACE 5 DATE OF BIRTH White Male 70 BIRTHPLACE I STATE OF FOREIGN 7h. CITIZEN OF WHAT COUNTRY?

May 31, 1898 MARRIED S NEVER MARRIED

BALTIMORE CITY OR COUNTY OF DEATH Baltimore City

12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Baltimore ona Green Nursina Center USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
136 STATE 136 COUNTY 136. CITY OR TOWN

YES 🖹

WIDOWED

13d INSIDE CITY LIMITS? NO [

13e STREET ADDRESS / ZIP CODE

2a USUAL OCCUPATION

Self-employed

Investor 321 Homeland Southway 21212

Real Estate

MD 14 FATHER'S NAME

MD

10. CITY OR TOWN OF DEATH

- STATE

3 SEX

MIDDLE

18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)

Gerlache

Balto.

Ünknown

15 MOTHER'S MAIDEN NAME

ADDRESS

No

Joseph

160 WAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES)

USA

166 SOCIAL SECURITY NO. 220 44 7075

NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

17. INFORMANT

Mrs. Charcillera G. Gerlache

Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost

PART I. DEATH WAS CAUSED BY

DUE TO, OR AS A CONSEQUENCE OF

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

CERTIFICATION

MEDICAL

00

ORTANT

the 0

19a DATE OF OPERATION

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

NOX

20h IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

2 In. ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 71d INJURY OCCURRED

AT WORK

71h TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M

8/21/84

216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

20a AUTOPSY?

21e. PLACE OF INJURY AT HOME STREET, FACTORY OFFICE FARM, ETC)

211 LOCATION

CITY OF TOWN

COUNTY STATE

22a | certify that (1) (this haspital) attended the deceased from

and that in my (our) opinion death occurred on the date and hour and from the causes stated ATTENDING PHYSICIAN

22e ADDRESS

DIRECTOR | PHYSICIAN

774 PHYSICIAN'S NAME : 1919

230 BURIAL, CREMATION, REMOVAL 236 DATE

Cremation

Dr. William Rehner, M.D.

23c NAME OF CEMETERY OR CREMATORY Green Mount

Balto. .

3222 St. Paul St., Balto., MD

MD STATE

Henry W. Jenkins & Sons Co. DHMH - 16 50M 4/83 (VRA 15, 4) 4905 York Road Balto., MD

25t. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE Tulia Davidson-Randell

The world and the second section is a section to the second section in the second section in the second section is a section in the second section in the second section in the second section is a section in the second section in the section in the second section in the section in t The second second ond completely filled in by the funeral director, po-oges 1 and 2 should be filed within 72 hours after d

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physicion and coi should be detached for use as the burial-transit permit. Then please remove carban papers. Pages I with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, or other troumatic event, th

IMPORTANT: If Hem.21 is morked or Hem 18 shows ony

STATE OF MARYLAND

DEPARTA

WENT	OF	HEA	LTH	AND	MENTAL	HYGIENE
					DEATH	

1 -	FOR STATE REGISTRAR			DEPAR		FICATE OF	MENTAL HYG DEATH	REG. N	O.	10	၁
	EASED NAME	FIRST		MIDOLE		LAST		20 DATE OF DEATH	MONTH	DAY YEAR	26. HOUR
(I YPE	OR PRINT!	Willie	,	T	G	i bbs		August	24.	1984	9:04PM
3. SE >	(4 RACE		5. DATE C	OF BIRTH		6. AGE (IN YEARS LAST BE		IF UNDER TYEAR.	IF UNDER 24 HRS
	Male		Black	k	10		29	54	YRS	MONTHS DAYS	HOURS MINL
C	RTHPLACE (STATE)	OR FOREIGN		WHAT COUNTRY	/2 B	D MEVER	MARRIED	9 BALTIMORE CITY C	R COUN	TY OF DEATH	MD.
	TY OR TOWN OF D altimore	DEATH	11. NAME OF	HOSPITAL, NURS ICH FACILITY, GIVE STRE Land Gene	ING HOME (ospita.	STITUTION Z	12a USUAL OCCUPAT (1YPE OF WORK FOR MOST)	ION	12h. KIND O	F BUSINESS OR
U5U/	AL RESIDENCE (FN	URSING HOME OR	OTHER INSTITUTIO	N GIVE RESIDENCE BEFO	ORE ADMISSION)	A 124 INICIDE	CITY LIMITS?	13e STREET ADDRESS	/ 7ID CO	nc .	
	arvland	138 COOL	411	Balti		YES T	NO [kwo		21216
	THER'S NAME			I Balti	more	-77	R'S MAIDEN NA		KWO	od Ave.	21216
	FIRST		MIDDLE	LAST			FIRST	MIDDLE		LAS	1
	Alfred			Gibbs			ice			Ruck	er
	VAS DECEASED EV		MED FORCES? E WAR OR DATES)	166 SOCIAL SEC	CURITY NO.	17. INFORM	VANT	ADDR	ESS	-	
,	YES	(IF 1£5, GI	E WAR OR DATES	216-24	-3122	Mild	wod U	Gibbs 28	20 1	Darlerraa	d Aveni
		A branch a				1 11114	Leu n.	GIDUS ZO	70	APPROXI	MATE INTERVAL DINSET AND DEATH
	PART I. DEATH	ATH (Enter or I WAS CAUSE	ly one couse po DBY:	er line for (a), (b),						BETWEEN	ONSET AND DEATH
			E CAUSE (a)	Alcholic	: Hepat	titis v	vith mic	cro nodular			
	1.97		DUE TO	CITTHOS OR AS A CONSEQ	LS, Set	vere					
	Conditions, if o	nv. which		Acute re			necrosi	S			
	gove rise to	immediate	(10)_	ouce re	211012 01	av az az	necross				
	cause (a), sto		DUE TO,	OR AS A CONSEO	UENCE OF						
	onderlying car	030 1031.	((c)_								
	PART 2 OTHER S	IGNIFICANT (ONDITIONS	CONTRIBUTING TO	DEATH BUT	NOT RELATE	D TO THE TERM	MINAL DISEASE OR CON	DITION	SIVEN IN PART II	0
O	Acute	renal	failure	e, acute	liver	failu	re				
CERTIFICATION	19a DATE OF OPE			DITION FOR WHIC				200 AUTOPSY?		ES, WERE FINDIN	
FI										TIFYING CAUSES	
ET								YES XX NO		YES XX	NO 🗌
	218. ACCIDENT WAS OR CONTRIBUTING [(IF EITHER, NOTIFY M	CAUSE OF DE	HOUR /	OF INJURY A.M. MONTH P.M.	DAY YEAR	21c HOW	INJURY OCCUR	RED (ENTER NATURE OF INA	RY IN ITEM I	8 PART (OR PART 2)	
MEDICAL	21d. INJURY OCC	WHILE		E OF INJURY STREET, FACTORY, OFFIC	E, FARM, ETC)	21f LOCAT		CITY OR TO	NWN	COUNTY	STATE
	AT WORK AL	WORK							Carlo		
	220.1 certify that saw the dece	(this hospi	Augus K view the bad	the deceased from 19 ly after death.	Augus 84	t 17, and that in (%	, 19 <u>84</u> () (aur) apinion	, toAugust death occurred on the d	24, ate and h	19 <u>84</u> . aur and fram the	that xhx(we) last causes stated
	26 SIGNATURE	^	110	1	1	DEGREE				22c. DATE	SIGNED
(Sau	1 Ce	. ///.0	241/1	1 M	D	ATTENDING PHYSICIAN	MEDICAL STA		8/2	7/84
	22d PHYSICIAN'S	NAME (TYPE	R PRINT!	- va	J-/-	22e ADDR	ESS		-		
	Gary A	. Merr	itts, M	1.D.,		0/0	Maryla	nd General	Hosp	ital	
73a B	BURIAL, CREMATIO	N REMOVAL	23b. DATE	73.	NAME OF C	CEMETERY	R CREMATORY	123d. LOCATION			
	BURIAL	, REMOVAL					orest	VA Owings	Mi	lls,	Mg
	JNERAL DIRECTOR			ADDRESS				E REC'D. BY REGISTRAF	76 REG	ISTRAR'S SIGNAT	URE
Wr	m C Mar	ch F/H	Inc.	1101 E	Nort	h Ave	nueAUl	28 1984	Tuna	puriason-N	marie

DHMH - 16 50M 4/83 (VRA 15, 4)

retained by the hospital or attending physician.

AND THE PARTY OF THE PARTY OF THE PARTY OF The first property of the latest the first of the first o

within 24 hours of executed certificate be requires that the death

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician.

may be

CTATE OF MARYLAND DEPAI

STATE OF MARTLAND		(1)	1	19	(3)
RTMENT OF HEALTH AND MENTAL HYGIENE	64	La	1	3	0
CERTIFICATE OF DEATH		REG. NO.			

T. DECEASED NAME (TYPE OR PRINT) TO THY TO	TY OF DEATH LY 126. KIND OF BUSINESS OR INDUSTRY drug DDE Road 21229 LAST
3. SEX 4. RACE 5. DATE OF BIRTH NOV 11 1897 8. AGE (IN YEARS LAST BIRTHDAY) MARRIED XNEVER MARRIED PARTILIDEATH OF WHAT COUNTRY? MARRIED XNEVER MARRIED DIVORCED DIVORCED Baltimore Ci WIDOWED DIVORCED Baltimore Ci USUAL RESIDENCE (IN NURSING HOME OR OTHER INSTITUTION IN 120 USUAL OCCUPATION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Baltimore St. Agnes Hospital USUAL RESIDENCE (IN NURSING HOME OR OTHER INSTITUTION IN 130 USUAL OCCUPATION (IT PRE OF WORK FOR MOST OF WORKEN Baltimore Baltimore St. Agnes Hospital USUAL RESIDENCE (IN NURSING HOME OR OTHER INSTITUTION IN 130 USUAL OCCUPATION (IT PRE OF WORK FOR MOST OF WORKEN Baltimore Baltimore St. Agnes Hospital USUAL RESIDENCE (IN NURSING HOME OR OTHER INSTITUTION IN 130 USUAL OCCUPATION (IT PRE OF WORK FOR MOST OF WORKEN Baltimore St. Agnes Hospital USUAL RESIDENCE (IN NURSING HOME OR OTHER INSTITUTION IN 130 USUAL OCCUPATION (IT PRE OF WORK FOR MOST OF WORKEN Baltimore St. Agnes Hospital USUAL RESIDENCE (IN NURSING HOME OR OTHER INSTITUTION IN 130 USUAL OCCUPATION (IT PRE OF WORK FOR MOST OF WORKEN Baltimore St. Agnes Hospital Supervisor YES NO (IN NOTHER'S MAIDEN NAME FIRST) IN MODILE John Gibmeyer 166 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, MOOR UNKNOWN) (IF YES, GIVE WAR OR DATES) MYS M. Bernadette Gibmey DIE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN. S. ITY OF DEATH TY IZE KIND OF BUSINESS OR G (FF) INDUSTRY G UES DDE Road 21229 LAST
Maryland IISA Wide street address of the property Baltimore Ci IIs City or town of death IIs Agnes Hospital USUAL RESIDENCE (# NURSING HOME OR OTHER INSTITUTION of RESIDENCE BEFORE ADMESSION) IIS CITY OR TOWN Maryland IIS Age (in Years last birthday) Maryland IIS Age (in Years last birthday) Maryland IIS CITY OR TOWN (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Baltimore St. Agnes Hospital USUAL RESIDENCE (# NURSING HOME OR OTHER INSTITUTION of MR RESIDENCE BEFORE ADMESSION) IIS CITY OR TOWN Maryland Baltimore Baltimore Baltimore St. Agnes Hospital USUAL RESIDENCE (# NURSING HOME OR OTHER INSTITUTION of MR RESIDENCE BEFORE ADMESSION) IIS CITY OR TOWN Maryland Baltimore Baltimore Supervisor 136. INSIDE CITY LIMITS? 136. STREET ADDRESS / ZIP CO YES A NO 107. MOTHER'S MAIDEN NAME FIRST MIDDLE Agnes Schutte Agnes Schutte 108. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF	MONIHS DAYS HOURS MIN. S. HOURS MIN. S. HOURS MIN. ME TY OF DEATH TY OF DEATH TY OF DEATH AND DE HOURS MIN. ME AND DE HOURS MIN. AND DE HOURS MIN
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10 CITY ORTOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 120 USUAL OCCUPATION (ITYRE OF WORK FOR MOST OF WORK FOR MOS	drug DDE Road 21229 LAST
Baltimore St. Agnes Hospital Supervisor USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIF RESIDENCE BEFORE ADMESSION) 136. STATE Maryland Baltimore Baltimore 14. FATHERS NAME FIRST MIDDLE 15. MOTHER'S MAIDEN NAME FIRST MIDDLE 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) 161. INFORMANT ADDRESS WYS. NO OR UNKNOWN) 17. INFORMANT ADDRESS WYS. NO OR UNKNOWN) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DE ATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF	drug DDE Road 21229 LAST Ver 604 Warwice
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Canditions, if ony, which (b) ACVIKATION	
gave rise to immediate cause (a), stating the DUETO, ORAS, A CONSEQUENCE OF	
underlying cause lost. (c) Chronic ohstruptine lung of	ye all
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH, BUT NOT, RELATED, TO THE TERMINAL DISEASE OR CONDITION	GIVEN IN PART Tra
13 Less CNA Olardine Myhythmia	
	YES, WERE FINDINGS USED
2 E NOTE IN CEI	RTIFYING CAUSES OF DEATH? YES \(\begin{align*} \text{NO} \\ \text{NO} \\ NO
210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY HOUR AM MONTH DAY YEAR 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM	
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WHILE NOT WHILE AT WORK	
	, 19, that (I) (we) las
saw the deceased aliveron 3 3 19 4 and that in (my) (aur) opinion death occurred on the date and above, (I) (we) (did) (did set the webset) above, (I) (we) (did) (did set the webset) above.	have and from the causes stated
1276 SIGNATURE DEGREE MD	22c. DATE SIGNED
ATTENDING MEDICAL STAFF	\$/12/8
PHYSICIAN DIRECTOR PHYSICIAN 220 ADDRESS	10/13/0
1 22d. PHYSICIAN'S NAME 22d. ADDRESS 900 CH9 8 N dve/ 21	229
230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OR TOWN	COUNTY STATE
Burial 8/17/84 Loudon PArk Baltimore (ity Maryland
24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 250 REC	SISTRAN S SIGNATURE
Ambrose Funeral Home 1328 Sulphur Sp. AUG 15 1984	a Daydson-Handell

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

death. Page 4 may be

executed within 24 hours

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	REGISTRAR		CEKIII	ICALE OF DEATH	REG. NO	2 1
	DECEASED NAME FIRST	St Lou		ILĖS	26. DATE OF DEATH MO	NIH DAY YEAR 26. HOUR 7
3.	SEX Male	1 RACE Bla	5. DATE	OF BJRTH	6 AGE (IN YEARS LAST BIRTHD)	
70.	BIRTHPLACE (STATE OF FOREIGN COUNTRY) Florida	76. CITIZEN OF WHA	T COUNTRY? 8. MARRIE WIDOW	_	9 BALTIMORE CITY OR C	COUNTY OF DEATH
L	Baltimore	(IF NOT IN SUCH FAG	RITY, GIVE STREET ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE TO WORK FOR MOST OF WE Butler	Pvt. Family
US 130	SUAL RESIDENCE (IF NURSING HOME I. STATE 136. CO		RESIDENCE BEFORE ADMISSION) CITY OR TOWN BAUT	134 INSIDE CITY LIMITS?	13: STREET ADDR. 730 Baltimore, 1	Whitmore Avenue Maryland 21216
1	FATHER'S NAME FIRST LOUIS	MIDDLE	Giles	15. MOTHER'S MAIDEN NA Betty	MIDDLE	Nelson
160	WAS DECEASED EVER IN U.S. (YES NO OR UNKNOWN) (IF YES.	GIT WAR OR DATES	SOCIALS CURITY NO. 14-20-5928	Grace B. Gile		ore Avenue , Maryland 21216
Γ	18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	only one couse per line ' ISED BY: IATE CAUSE (a)	or (0), (b), on the A	DID Genic "	SHACIL	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
CEPTIFICATION			FOR WHICH OPERATION	NOT RELATED TO THE TERM	20a AUTOPSY? 21	DE IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH?
MEDICAL CEPTIE	OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAM) 21d. INJURY OCCURRED	DEATH HOUR A.M. INER) P.M. 21e. PLACE OF IN	MONTH DAY YEAR	216. HOW INJURY OCCUR	YES NO RED (ENTER NATURE OF INJURY IN	YES NO COUNTY STATE
3	while NOT WHIE AT WORK 22a. Certify that (1) (this has sow the deceased alive above, (1) (we) (did) (did) 27b. SIGNATURE	ispital) attended the de-	e) osed frem A	ond that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN	deoth occurred on the dote	ond hour and from the causes stated
23	BURIAL, CREMATION, REMOV	MMCUANS	23c NAME OF	22% ADDRESS BA	17 MAT P.	Le El Milyon
	(SPECIFY) Burial	8/21/198	34 Arbutus	Memorial Park		Baltimore, Maryland
24 F	Nutter & Sons		ns Falls Pa , Maryland		G 2 1 1984	REGISTRAR'S SIGNATURE

AUG 2 1 1984

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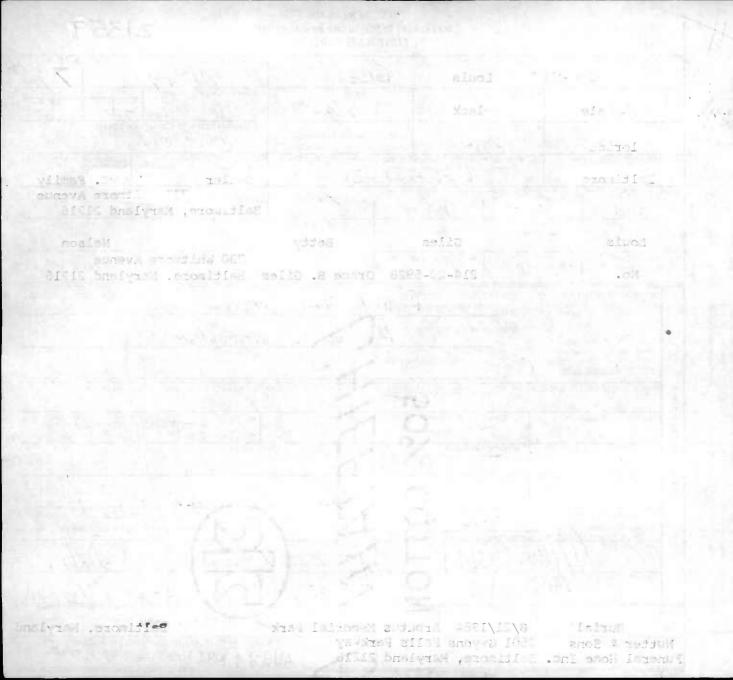
TO HOSPITAL OR ATTENDING PHYSICIAN: The

offending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and c should be detacked for use as the buriol-transit permit. Then please remove carbon papers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, or other traumotic event, the

WPORTANT: If hem 21 is morked or hem 18 sho



page 3

4 may be

executed within 24 hours often

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

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	DEC	NO	

н		REGISTRAR			CERT	IIICAIL OI D	LATII	REG. NO.			
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	(TYPE	ROBER	т	W.	GT	LES			8 15	841	740 Am
	3. SEX		4 RACE	77.6		OF BIRTH		6. AGE (IN YEARS LAST BIRTH			UNDER 24 HRS
		Male	7.7	hite		NTH DAY	16	68		DAYS H	OURS MIN.
4	Zas BII	RTHPLACE STATE OR FO		N OF WHAT CO	DUNTRY? 8			9. BALTIMORE CITY OR	COUNTY OF DEA	ТН	
2	1	OUNTRY)	10.01122		MARE	RIED NEVER A					
4		New York TY OR TOWN OF DEAT	III NAM	U.S.A.	L NURSING HOM	The state of the s	ORCED	BALTIM	ORE CITY	TAID OF 9	USINESS OR
	Ju. CI	IT OR TOWN OF DEAT		T IN SUCH FACILITY,	GIVE STREET ADDRESS)	OK OTHER INST	IIOIION	TYPE OF WORK FOR MOST OF		ISTRY	USINESS OK
0	BA	LTIMORE			ck Home			Retired		-	
1	136. S	AL RESIDENCE (# NURSIN	38 COUNTY		ENCE BEFORE ADMISSION	13d INSIDE C	TY LIMITS?	13e STREET ADDRESS /	ZIP CODE	93	3319/
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1	M FA	THER'S NAME	WIDDLE		LAST		MAIDEN NAA	AE MIDDLE		LAST	
1		William		Gi:	les		lary		Ru	xton	
2		VAS DECEASED EVER IN			IAL SECURITY NO	. 17 INFORMA	NT	ADDRES	S	1	2060
7	14	VES NO OR UNKNOWN)	WW 11	105	-12-7607	Ms. Den	se Gil	es Rd. Box	295 East	Cha	tham, Ny
		18 CAUSE OF DEATH	(Enter only one cor	se per line	n), the and	1 1	1	1 1	. 1	APPROXIMAT	
		PART I. DEATH WA	S CAUSED BY	Av	nustan	1	Touch	relanos		91	100 Ad
		1/	MMEDIATE CAUSE	2010	70019	We KO	Territor.	man was		1	JE W. W.
				TO, OR AS A C	64SEQUENCE OF					0	
1		Conditions, if any,		(b)							
		couse (a), stating underlying couse		TO, OR AS A C	ONSEQUENCE OF						
				(c)							
	_	PART 2. OTHER SIGNI	FICANT CONDITIO	NS CONTRIBU	TING TO DEATH B	UT NOT RELATED	TO THE TERMI	INAL DISEASE OR COND	TION GIVEN IN P	ART Ito	
	CERTIFICATION										
7	CA	19a. DATE OF OPERATE	ON 19b.	CONDITION FO	R WHICH OPERAT	ION WAS PERFO	RMED	20a AUTOPSY?	206. IF YES, WERE IN CERTIFYING CA		
4	TIF							YES NO	YES [1	NO 🗆
7		210. ACCIDENT WAS UNDE		IME OF INJURY	NTH DAY YEA		JURY OCCURR	ED (ENTER NATURE OF INJURY	IN ITEM 18 PART I OR P	ART 2)	
	AL	OR CONTRIBUTING CA	USE OF DEATH	P.M.	19						
	MEDICAL	21d. INJURY OCCURRE	D 21e. F	LACE OF INJUR		211 LOCATIO	N	CITY OR TOW	N COU	NIY	STATE
	×	WHILE NOT WHILE		OME STREET, FACTO	RY, OFFICE, FARM, ETC)	SIRCE	- 1		15	2//	31716
		220.1 certify that		ded the deceas	ed from	4	19 87	to dua	13 19 8	Z, the	t 🌶 (we) lost
	US	sow the deceased	olive on A	4 15	19 084	and that in (my)	Gorj opinion o	death occurred on the dat	e and hour and fro		
	-	Obove, (I) (de	(did not) view the	ody after dea	oth	DEGREE			270	DATE SIC	GNED /
		11/2/2/2	4-11/	, 1/	n2)	A	TTENDING	MEDICAL STAFF	1-/	8/10	1/84
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		141 2	7) 1	111		1 -	-10	20 11 111	yh T	14	2/2/1
		WID. C	Xalley	2,01	,	TESWI	ck, /C	W. 70	50	1/10	0104/
		SURIAL, CREMATION, R	EMOVAL 23b. DA	ATE'	23c NAME OF	CEMETERY OR	REMATORY	73d. LOCATION CITY OR TOWN	COUNTY		STATE
		Cremation	8/	16/84	Green 1	Mount Cer	meterv	Baltimor			d.
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TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and a should be detached for use as the burial-transit permit. Then please remove corban papers. Pagew with the State Dept. of Health and Mental Hygiene priar to burial, cremation, or removal.

MPORTANT: If Item 21 is marked or Item 18 shows ony injury, or other troumotic event, the

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be

etoined by the haspital ar ottending physician

24 FUNERAL DIRECTOR
Mitchell-Wiedefeld

6500 Yorkrd.

120 REGISTBAR'S SIGNATURE AUG 16

Tall. 10 1.7 0.0 0.10.17.17 ler a me ar Co. a arac (0) nella e le la companya de la company 14 10-42-10 Landoure 12st v. o 1st and Janes or so of the rest of the contract of the contr

Earlene Maude Gillespie OF ESTI-DEATH MATED 8/25/ 3. SEX 1. RACE S. DATE OF BIRTH MONTH OF OTHER INSTITUTION OF DEATH MATED 8/25/8 70. BIRTHPLACE (STATE OR PRESIDENCE (IF IN NUMBER OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) USUAL RESIDENCE (IF IN NUMBER OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) OF ESTI-DEATH MATED 8/25/ BALTIMORE 24 HRS. 22. DATE MONTH PRONOUNCED BALT MONTH PRONOUNCED BALTIMORE CITY OR COUNTY BALTIMORE CITY OR COUNTY S. MARRIED NEVER MARRIED BALTIMORE CITY OR COUNTY BALTIMORE CITY OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) UNIVERSIDENCE (IF IN NUMBER OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	/84 ₁₉ DAY YEAR 24 HOUE 84 19 Å N
Earlene Maude Gillespie DEATH MATED 8/25/ 3. SEX 4 RACE S. DATE OF BIRTH MAY 6, 7/61 YEAR 23 BRITHDAY) MONTHS DAYS HOURS MIN PRONOUNCED DEAD 8/25/8 70. BIRTHPLACE (STATE OR PRINT) PRONOUNCED DEAD 8/25/8 10. BIRTHPLACE (STATE OR PRINT) PRONOUNCED DEAD 8/25/8 10. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED PRONOUNCED DEAD 8/25/8 10. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED PRONOUNCED DEAD 8/25/8 10. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED PRONOUNCED DEAD 8/25/8 10. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED PRONOUNCED DEAD 8/25/8 10. CITIZEN OF WHAT COUNTRY? 10. CITIZEN OF WHAT COUNTRY? 10. DIVORCED DIVORCED Baltimore City OR COUNTY BALTIMORE CITY OR COUNTY BALTIMORE CITY OR COUNTY BALTIMORE CITY OR FOR MOST OF WORKING (188) 10. CITIZEN OF WHAT COUNTRY? 10. DIVORCED DIVORCED	/84 ₁₉ M DAY YEAR 24 HOUR 84 19 Å M
Earlene Maude Gillespie DEATH MATED 8/25/ 3. SEX RACE S. DATE OF BIRTH S. DATE OF BIRTH S. DATE OF BIRTH S. DATE OF BIRTH S. DATE OF BIRTH S. DATE OF BIRTH S. DATE OF BIRTH S. DATE OF BIRTH S. DATE OF MONTHS DAYS HOURS MIN PRONOUNCED 8/25/8 70. BIRTHPLACE (STATE OR STATE OR STATE OR OTHER INSTITUTION S. MARRIED NEVER MARRIED NEVER MARRIED BALTIMORE CITY OR COUNTY BALTIMORE CITY O	DAY YEAR 24 HOUR 4:00 A M
Female White May 6, 7961 YEAR 23 BIRTHDAY) TO BIRTHPLACE (STATE OR THE BEAUTY OF WHAT COUNTRY? TO CITIZEN OF WHAT COUNTRY? TO CITIZEN OF WHAT COUNTRY? TO CITIZEN OF WHAT COUNTRY? TO CITIZEN OF WHAT COUNTRY? TO CITIZEN OF WHAT COUNTRY? TO CITIZEN OF WHAT COUNTRY? TO CITIZEN OF WHAT COUNTRY? WIDOWED DIVORCED BALTIMORE CITY OR COUNTRY WIDOWED DIVORCED BALTIMORE CITY OR COUNTRY TO BALTIMORE CITY OR COUNTRY TO BALTIMORE CITY OR COUNTRY WIDOWED DIVORCED FOR MOST OF WORKING (HP) FOR MOST OF WORKING (HP) UNIVERSITY HOSOITAL Shock Trauma WALLIAM	84 19 4:00 A M
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Baltimore University Hospital Shock Trauma Grands National USUAL RESIDENCE (# IN NULL PROTECTION OF CONTROL OF	MD
	- OR INDUSTRY
/ 13a, STATE	21122
14. FATHER'S NAME FIRST Rodney Gillespie 15. MOTHER'S MAIDEN NAME MIDDLE MATTER'S NAME MIDDLE	Thomas
160 WAS DECEASED EVER IN U.S. ARMED FORCES? 160 SOCIAL SECURITY NO. 116 YES, GYEWAT ORDATES 217-82-6985 Mrs. (anolyn Gillespie 16302 W. Pasadena	all Prive
18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I DEATH WAS CAUSED BY: Multiple Injuries	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DUE TO, OR AS A CONSEQUENCE OF	
Conditions, if ony, which gove rise to immediate (b)	
IMMEDIATE CAUSE (o) MUTTIPLE IN JULY LES Conditions, if ony, which gove rise to immediate couse (o) stating the under-lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	
196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 216. EXTERNAL CAUSE WAS 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH 1:20 X 8/25/84 SUBJECT IN auto/auto collision WHILE DOTWHILE OF INJURY (ATHOME. STREET, FACTORY, FARM, ETC.) 218. PLACE OF INJURY (ATHOME.) STREET, FACTORY, FARM, ETC.) 219. STREET CITY OR TOWN COUNTY	20 AUTOPSY?
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216. EXTERNAL CAUSE WAS 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 LINDEDLYING NO.	
UNDERLYING Mor contributing cause of Death 1:20 3 x 8/25/84 subject in auto/auto collision (₽€	acconger)
216 INJURY OCCURRED WHILE NOT WHILE AT WORK 218 PLACE OF INJURY (AT HOME. STREET FACTORY, FARM, ETC.) 218 PLACE OF INJURY (AT HOME. STREET FACTORY, FARM, ETC.) 218 PLACE OF INJURY (AT HOME. STREET FACTORY, FARM, ETC.) 218 PLACE OF INJURY (AT HOME. STREET FACTORY, FARM, ETC.) 218 PLACE OF INJURY (AT HOME. STREET FACTORY, FARM, ETC.) 218 PLACE OF INJURY (AT HOME. STREET FACTORY, FARM, ETC.) 218 PLACE OF INJURY (AT HOME. STREET FACTORY, FARM, ETC.) 218 PLACE OF INJURY (AT HOME. STREET FACTORY, FARM, ETC.) 219 PLACE OF INJURY (AT HOME. STREET FACTORY, FARM, ETC.) 219 PLACE OF INJURY (AT HOME. STREET FACTORY, FARM, ETC.) 219 PLACE OF INJURY (AT HOME. STREET FACTORY, FARM, ETC.) 219 PLACE OF INJURY (AT HOME. STREET FACTORY, FARM, ETC.) 219 PLACE OF INJURY (AT HOME. STREET FACTORY, FARM, ETC.) 219 PLACE OF INJURY (AT HOME. STREET FACTORY, FARM, ETC.) 219 PLACE OF INJURY (AT HOME. STREET FACTORY, FARM, ETC.) 219 PLACE OF INJURY (AT HOME. STREET FACTORY, FARM, ETC.) 210 PLACE OF INJURY (AT HOME. STREET FACTORY, FARM, ETC.) 210 PLACE OF INJURY (AT HOME. STREET FACTORY, FARM, ETC.) 210 PLACE OF INJURY (AT HOME. STREET FACTORY, FARM, ETC.) 210 PLACE OF INJURY (AT HOME. STREET FACTORY, FARM, ETC.) 210 PLACE OF INJURY (AT HOME. STREET FACTORY, FARM, ETC.) 210 PLACE OF INJURY (AT HOME. STREET FACTORY, FARM, ETC.) 210 PLACE OF INJURY (AT HOME. STREET FACTORY, FARM, ETC.) 210 PLACE OF INJURY (AT HOME. STREET FACTORY, FARM, ETC.) 210 PLACE OF INJURY (AT HOME. STREET FACTORY, FARM, ETC.) 210 PLACE OF INJURY (AT HOME. STREET FACTORY, FARM, ETC.) 210 PLACE OF INJURY (AT HOME. STREET FACTORY, FARM, ETC.) 210 PLACE OF INJURY (AT HOME. STREET FACTORY, FARM, ETC.) 210 PLACE OF INJURY (AT HOME. STREET FACTORY, FARM, ETC.) 210 PLACE OF INJURY (AT HOME. STREET FACTORY, FARM, ETC.) 210 PLACE OF INJURY (AT HOME. STREET FACTORY, FARM, ETC.) 210 PLACE OF INJURY (AT HOME. STREET FACTORY, FARM, ETC.) 210 PLACE OF INJURY (AT HOME. STREET FACTORY, FARM, ETC.) 210 PLACE OF INJURY (AT HOME. STREET FACTORY, FARM, ET	rundel, Md.
22a certify that took charge of the remains described above, held on Autopsy , Inspection , Inquiry , and in my opini death resulted from: Notural couses . Accident , Suicide , Homicide , Undetermined manner ,	ion
TITLE (SPECIFY)	
ACTUAL SIGNATURE	8/25/84
EXAMINER'S NAME Gregory R. Kauffman, M.D. ADDRESS 111 Penn St., Balto., Md.	.21201
236 BURIAL CREMATION REMOVAL 1316 DATE, SPECIFY Burial 8/28/84 Meadownidge Men. Park Division Howard	Manyland
Bunial 8/28/84 Meadownidge Mem. Park Doissey Howard OWNTY. 24 FUNERAL DIRECTOR Mc Cully I uneral Home of Pasadena 1250. DATE REC'D. BY REGISTRAR 1256 REGISTRAR'S SIG Mountain and Tick Neck Rds. Pasadena, Md. 21122 AUG 2 9 1984 Line James.	

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1 DECEASED NAME FIRST MIDDLE 20 DATE OF DEATH (TYPE OR PRINT) NANCY BARNES 1. SEX 5. DATE OF BIRTH YEAR MONTH DAY WHITE BIRTHPLACE INTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED A NEVER MARRIED Warvland WIDOWED IF CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION UNIU OF MARYLAND Retired USUAL RESIDENCE (IF MATERIAL DISTRIBUTION, GIVE RESIDENCE REFORE ADMISSION) NW COUNTY 13d. INSIDE CITY LIMITS? 13t. CITY OR TOWN YES TO NO [Aberdeen A FATHER'S NAME 15. MOTHER'S MAIDEN NAME MADDEE LAST MIDDLE Barnes Grace WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 218-26-0359 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE 1a Conditions, if any, which gove rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost CERTIFICATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 19a DATE OF OPERATION NO 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR

MONTH DAY YEAR 26 HOUR IF UNDER I YEAR 6 AGE (IN YEARS LAST BIRTHDAY) E UNDER 24 HR 9 BALTIMORE CITY OR COUNTY OF DEATH 12a USUAL OCCUPATION 17b. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Murse 13e STREET ADDRESS / ZIP CODE 208 Paradise Road Cummings ADDRESS Maryland 21001 Allan W. Gillis. 208 Paradise Rd. Aberdee mouth myelogenous leukemia PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11a 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION CITY OF TOWN COUNTY STATE (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a.1 certify that (f) (this haspital) attended the deceased from sow the deceosed alive on above, (1) (we) (did not) view the bady ofter death and that in (my) (our) opinian death occurred an the date and haur and from the causes stated Th. DATE SIGNED 226. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 224 PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS UNIV. OF MD. CANCERGENTER RICHARD NORA

DHMH - 16 50M 4/83 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL 236 DATE (SPECIFY) Burial

236 NAME OF CEMETERY OR CREMATORY

Cemeterv

Bakers

CITY OF TOWN berdeen

24 FUNERAL DIRECTOR

Harford

Tarring Funeral Home, P.A., Aberdeen, MD, 21001-3

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STATE OF MARYLAND FOR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR				CERTIF	ICATE OF DEATH		REG. NO.			
	CEASED NAME ORPRINTI	AGG	IE	H.	R	IL MORE	2a DATE OF	DEATH MONTH	-18-C	YEAR SY	26. HOUR 230 P.N
3. SE	Femal	le - 11	Bla	ick.	S. DATE C		8.5	EARS LAST BIRTHDAY) - YR	MONTHS		HOURS MIN.
	RTHPLACE (STATE OR F	OREIGN 7h.	CITIZEN OF	WHAT COUNTRY?	8. MARRIE	D NEVER MARRIED	9. BALTIMOI	RE CITY <u>OR</u> COU	NTY OF DE	ATH	
N	. Carolin		U.S.		WIDOWE			timore			MD
10. C	ITY OR TOWN OF DEA	ATH III.		HOSPITAL, NURSIN H FACILITY, GIVE STREET /		OR OTHER INSTITUTION		OCCUPATION FOR MOST OF WORKIN		USTRY	F BUSINESS OR
/	Baltimor			Care N		ng Home	1				
	AL RESIDENCE (IF NURS STATE	13b. COUNTY	ER INSTITUTION,	13c. CITY OR TOW		13d: INSIDE CITY LIMITS?		ADDRESS / ZIP C			
_	aryland_			Baltim	ore	YES 🔀 NO 🗌		Brentw	ood	Ave	.21202
4. F/	ATHER'S NAME FIRST	MIDE	DLE	LAST		15. MOTHER'S MAIDEN NA FIRST	ME	MIDDLE		LAST	r
	Amzi			Easter					_		
	VAS DECEASED EVER YES, NO OR UNKNOWN)	IN U.S. ARMEI		16b. SOCIAL SECU	RITY NO.	17. INFORMANT		ADDRESS			
	NO			N/A		Hubert Trai	nson 5	317 Lit			MATE INTERVAL
	Conditions, if ony, gove rise to imm couse (o), statin underlying couse	MAS CAUSED B IMMEDIATE C which mediate ig the	Y: AUSE (o) DUE TO, OI (b)	Hault RASA CONSEQUE RASA CONSEQUE	ence of yart	spiratory	uno y	mess mdron ua.	ne	3-1	m
NOI	PART 2 OTHER SIGN	CON	emo	- VOSCU	lar	acciden	AINAL DISEASE	E OR CONDITION	GIVEN IN	PART 110	, ,
CERTIFICATION	19a. DATE OF OPERA	TION	1% CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20s AUTO	PSY? 20b. IF	YES, WERE RTIFYING (YES []	E FINDIN CAUSES	OF DEATH?
	218. ACCIDENT WAS UNE OR CONTRIBUTING (IF EITHER, NOTIFY MEDI	CAUSE OF DEATH	21h. TIME O HOUR A.I	M. MONTH DA	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTERNAL	TURE OF INJURY IN ITEM	18 PART I OR	PART 2)	
MEDICAL	21d. INJURY OCCURI	HE []	?le. PLACE ((AT HOME, STR	OF INJURY tet, factory, office, f	ARM, ETC)	21f. LOCATION STREET		CITY OR TOWN	co	UNIY	STATE
	270.1 certify that (1) saw the decease obove (H)(we) (c	ed olive on	8	118/ 190	7	no that in (my) (our) opinion	deoth occurred	SJ1SJ d on the dote and	hour and I		thot 44 (we) lost couses stated
	27b. SIGNATURE	no	Her	~		M D ATTENDING PHYSICIAN	MEDICAL	STAFF PHYSICIAN		c. DATE	SIGNED

BP. DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician

should be detoched for use as the burial-transit permit. Then please remove carbant with the State Dept, of Health and Mental Hygiene priar to burial, cremation, ar rem

MPORTANT, If Item 21 is marked or Item 18 shows

njury, or other troumotic event, th

23s BURIAL, CREMATION, REMOVAL 23h. DATE BURIAL 8/22/84

774 PHYSICIAN'S NAME LITTE OF PITHON

23c. NAME OF CEMETERY OR CREMATORY Arbutus

22e ADDRESS

Manor Care Rossville METERY OR CREMATORY

Memorial Pk Arbutus, COUNTY

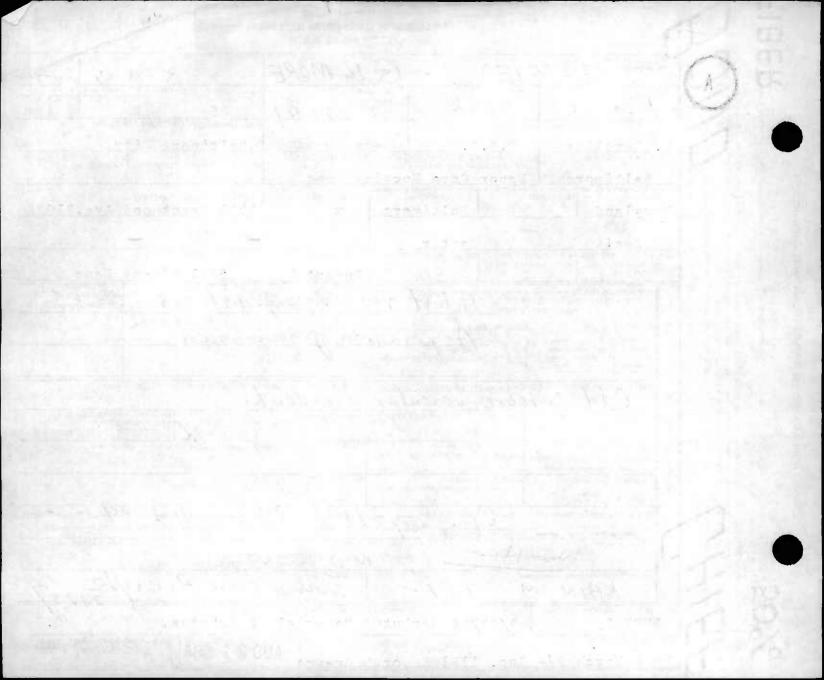
Md State

24 FUNERAL DIRECTOR

Wm C March F/H Inc. 1101 E North Avenue

TUN

AUG 2 1 1984 Julia Saurage Mandage



			STATE OF MARYLAND	(1)	1 1 6 9
	FOR - STATE	DI	EPARTMENT OF HEALTH AND MENTAL H	YGIENE O 4	1004
	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
1.	DECEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26. HOUR
- 1	YPE OR PRINT)	u SUE	C.I.	8 30	84 5 PM
	STAC	N	GIRGU		IF UNDER I YEAR IF UNDER 24 HRS
3.	SEX	4.08ACE	S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DATS HOURS MINL
	Temple	White	11 1 82	a months	
/ 70	BIRTHPLACE ISTATE OF FOREIGN	76 CITIZEN OF WHAT COL	INITDV2 9	# BALTIMORE CITY OR COUNT	Y OF DEATH
5	La Plata ,M	11514	MARRIED NEVER MARRIED WIDOWED DIVORCED		of the MD
10	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL	NURSING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	MIND OF BUSINESS OR
1	D 1 1 1 1 1	(IF NOT, IN SUCH FACILITY, GI		TYPE OF WORK FOR MOST OF WORKING	
	DA transe Md	Vot	ma		C711d
13	STATE 136 COUL	OTHER INSTITUTION, GIVE RESIDEN		13e STREET ADDRESS / ZIP COL	_{DE} , 206/10
2	Mh eha		an Head YES NO TXX	0 6 10	Ulmo LANE
27.14	FATHER'S NAME		15. MOTHER'S MAIDEN I		
11	OFIRST - DO	MIDDLE	AST FIRST	A WIDDLE	James
1//		land (τ)	IROS - AVIN	ADDRESS OC	
7 16	(YES, NO OR UNKNOWN) (IF YES, GI	MED FORCES? 166 SOCIA	AL SECURITY NO. 17. INFORMANT	20	-A Poplar Lan
	70	216-	02-1594 Cecil R.	Gilroy, Father,	Indian Head,
	18 CAUSE OF DEATH (Enter of	alv one couse per line for (a)			APPROXIMATE INTERVAL MICH
	PART I. DEATH WAS CAUSE	D BY:	-V 1		22 00
	IMMEDIA	TE CAUSE (o)	15 11 const 1 1110	le	de 110
		DUE TO, OR AS A COL	NSEQUENCE OF	112	20
	Conditions, if ony, which	((b) / e	TRALUAN MY FO	-1/07	22 mo
	gove rise to immediate cause (a), stating the	DUE TO, OR AS A CO	NSEQUENCE OF	"	
1	underlying couse lost.	DOC TO, OK AS A CO	bwn's Syndrome		
	PART 2 OTHER SIGNIER AND	CONDITIONS CONTRIBUTION	NG TO DEATH BUT NOT RELATED TO THE TE		IVEN IN PART LIE
		CONDINONS CONTRIBUTE	·	KMINAL DISEASE ON CONDINON O	TO THE TOTAL THE
-4	190 DATE OF OPERATION 8 30 54 210. ACCIDENT WAS UNDERLYING	THE CONDITION FOR	WHICH OPERATION WAS BERFORMED	20a AUTOPSY? 20b. IF Y	ES, WERE FINDINGS USED
9	S DATE OF OPERATION	196. CONDITION FOR	WHICH OPENATION WAS HERFORMED	2 IN CERT	IFYING CAUSES OF DEATH?
	0130151	1 et PMO	32 of TA101		YES NO
0	210. ACCIDENT WAS UNDERLYING			URRED (ENTER NATURE OF INJURY IN ITEM IS	PAST (OR PART 2)
9:	OR CONTRIBUTING CAUSE OF DE		THE DAY YEAR		
/	(IF EITHER NOTIFY MEDICAL EXAMINE	21e. PLACE OF INJURY			
	WHILE NOT WHILE	(AT HOME, STREET, FACTORY		CITY OF TOWN	COUNTY
	AT WORK AT WORK		9.1		
	220 I certify that (I) (this hosp		from 0/26 19	51 . 10 0/30	19 01, that (De) lost
	sow the deceased alive or	N view the body ofter death	19_0 , and that ir (my) (our) opini	on death accurred on the date and he	our and from the causes stated
	22b. SIGNATURE	New the gody offer death	DEGREE		22c. DATE SIGNED
	1.1.2	ナカ.	M ATTENDING	MEDICAL STAFF	- 8/20/5H
-	1607	1/m		DIRECTOR PHYSICIAN	30101
/	22d. PHYSICIAN'S NAME (TYPE	OR PRINT)	22e ADDRESS	m 1	
	VICTOR	Since	1) of	111 d	
2	BURIAL, CREMATION, REMOVAL	23b DAGE	23¢ NAME OF CEMETERY OR CREMATOR		
	Burial	9/3/84	Chicamuxen Metho	CITY OF TOWN	Chicamire SIAMd.
2	FUNERAL DIRECTOR	7/3/04		DATE REC'D. BY REGISTRAL	
3	NAME	A	DDRESS	D() O 14	14 30 14
	Arehart Funer	al Home, In	c., La Plata, Md	and the same was	nidon-Nodores
				MAR U	

DHMH - 16 50M 4/B3 (VRA 15, 4)

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etmedtorm, Chi.camux en, Md.	L soutst 9/3/64 Quict/subak Enthants
The state of the s	- Carebors Funores Mome, the Plan Jane

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

6.5		

REGISTRAR		CERTITI	CAILOIL	LECT III	REG. N	0		
I. DECEASED NAME FIRST	WIDDLE	Ę.A	151		20 DATE OF DEATH	MONTH D	AY YEAR	2h HOUR
ROSI	E	GIVEN	S		AUGUST 14	1984		9:05
3 SEX	4 RACE	5. DATE O		YEAR	6 AGE (IN YEARS LAST BI	THDAY)	FUNDER 1 YEAR	IF UNDER 24 HR
Female	Black	9	10	94	89	YRS	UNINS DATS	HOURS MA
To. BIRTHPLACE (STATE OR FOREIGN		RY? 8	□ NEVER /	AAPPIED [9 BALTIMORE CITY	R COUNTY	OF DEATH	
Virginia	U.S.A.	WIDOWEI		VORCED	Baltimore	City		,
10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR	SING HOME O	ROTHER INS	NOITUTION	12a USUAL OCCUPAT	ION		OF BUSINESS C
Baltimore	Maryland Gener		ital		(TIPE OF WORK FOR MOST	N 410KH40 [# E	I I DOSTRI	
	ME OR OTHER INSTITUTION, GIVE RESIDENCE BEI		13d INSIDE C	ITY LIMITS?	13e STREET ADDRESS	/ 7IP CODE		
Maryland		imore	YES X	NO 🗌	604 Pitc		t. 21	217
14 FATHER'S NAME	MIDDLE LAST		15. MOTHER"	S MAIDEN NAM	ME MIDDLE		LAS	C1
Issac	Smit	h	Li	zzie	MIDDLE		LAS	31
160 WAS DECEASED EVER IN U.S	CHICANO CO CARROLL		17. INFORMA		ADDR			
NO	213-12	-35144	Henr	y Give	ens 3514	Woodm	oor R	oad
18 CAUSE OF DEATH (Ent	er only one couse per line for (a), (b),	ond (c).1					BETWEEN	MATE INTERVAL
PART I. DEATH WAS CA	DIATE CAUSE (0) Cardio	Pulmona	ry Arr	est			minu	utes
77,77	DUE TO, OR AS A CONSEC	OLIENCE OF						
Conditions, if any, which			Septic	emia			1 WE	eek
	gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF							
underlying couse los	Decubit	i and F	oot Ga	ngrene			5 W6	eeks
	NT CONDITIONS CONTRIBUTING	O DE ATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE OR CON	DITION GIVE	N IN PART IS	0
Severe at 190. DATE OF OPERATION none 110. ACCIDENT WAS UNDERLYIN	thritis - beddri	dden						
3 190 DATE OF OPERATION	19b. CONDITION FOR WHI	ICH OPERATION	WAS PERFO	RMED	200 AUTOPSY?		WERE FINDING CAUSES	
none					YES NO			NO [
	1 110110 111 11011011	DAY YEAR	21c. HOW IN	JURY OCCURR	RED (ENTER NATURE OF INJU	RY IN ITEM IS PA	RT I OR PART 2)	
OR CONTRIBUTING CAUSE C	DEMIN	19						
OR CONTRIBUTING CAUSE OF CHEETHER NOTIFY MEDICAL EXA	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFF)	CE SARM SIC)	211. LOCATIO		CITY OR TO)WN	COUNTY	STATE
WHILE NOT WHILE AT WORK]	CE, PARM ETC)	13/11					
22a.1 certify that (IX(this I	nospital) attended the deceased fra	m Augus	t 8,	. 19_84	, toAugus	t 14, 1	9_84.	that (K(we) la
sow the deceased aliv	e on August 14 19	9 <u>-84</u> , on	d that in XX	(our) opinion o	death occurred on the d	ate and hour	ond from the	couses stated
226. SIGNATURE	4-1-	-240	EGREE				22c. DATE	
(en	to I tow	Mi		TTENDING PHYSICIAN [MEDICAL STA		8/15	5/84
224 PHYSICIAN'S NAME	YPE OR PRINTS		22e. ADDRES	S				
Timothy	J. Low, M.D.		C/O M	aruland	General H	ospita	7	
230. BURIAL, CREMATION, REMO		3c. NAME OF C	EMETERY OR	CREMATORY	23d. LOCATION			
BURIAL	8/20/84	Cedar I	Hi11 (Cemete	ry AnnewA	runde	I co,	51 M
24 FUNERAL DIRECTOR	NO 2 1 1921			25a. DATE	E REC'D. BY REGISTRAR			
Wm C March F	/H Inc. 1101 F		AVET	AUI AUI	G 1 6 1984	Julia Do	widson-V	fandalle

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North

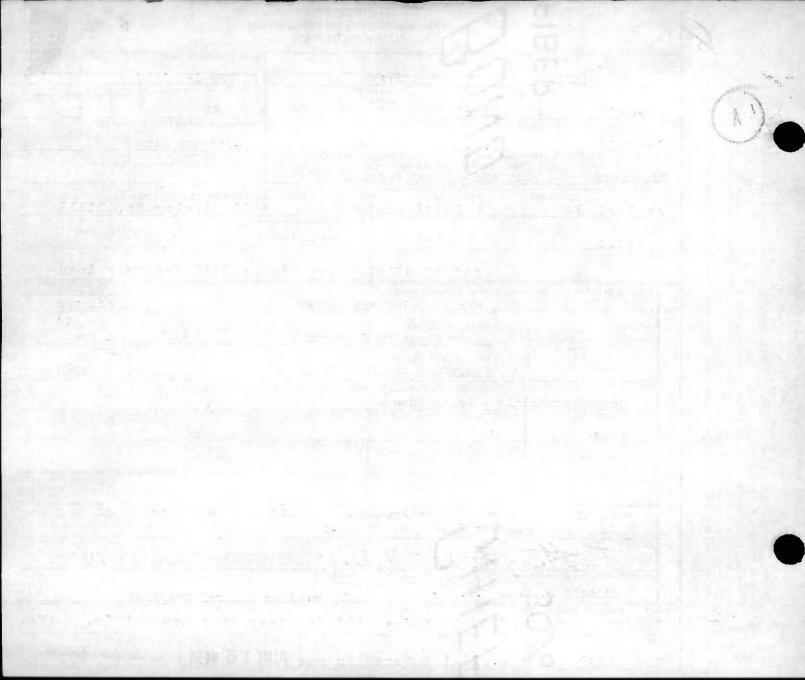
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DHMH - 16 50M 4/B3 (VRA 15, 4)

TO FUNERAL DIRECTOR: etoined by the haspital

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24 FUNERAL DIRECTOR Wm C March F/H Inc. 1101



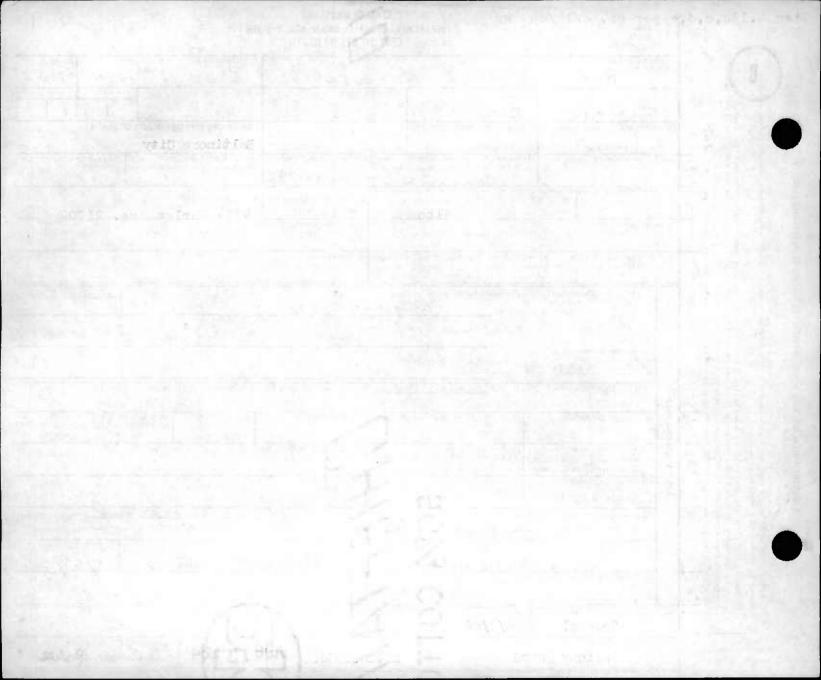
ADDRESS

Balto., Md.

Anatomy Board

DHMH - 16 50M 4/82

(VRA 15, 4)

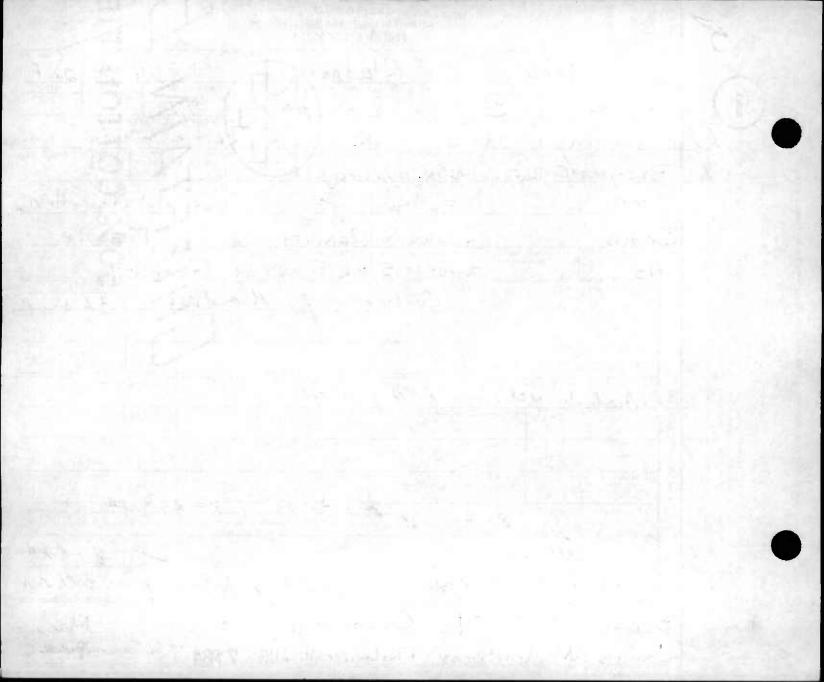


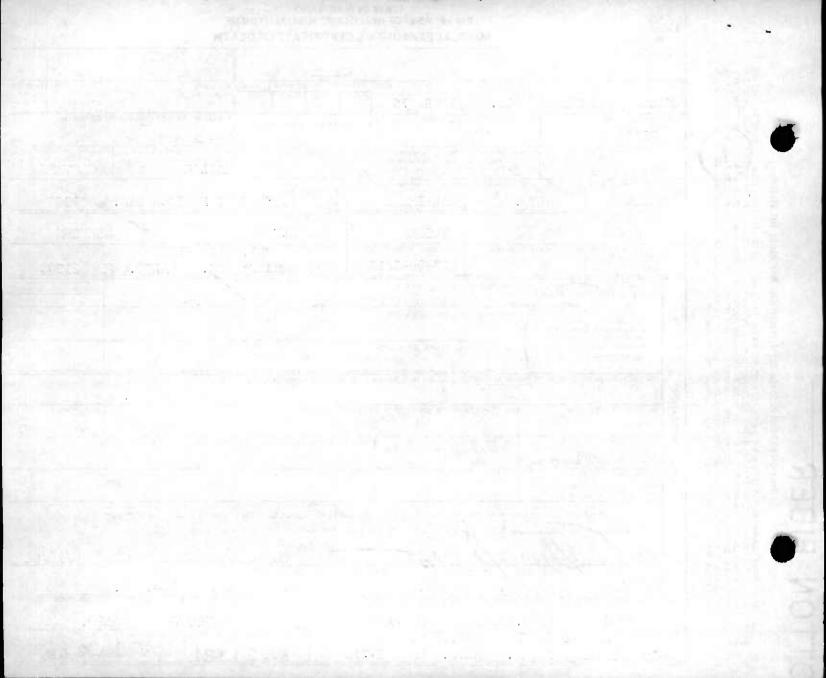
TO FUNERAL DIRECTOR. After this certificate hos been signed by the attending physicon as should be detached for use as the buriol-transit permit. Then please remave corban papers. Far with the State Dept. of Heolth and Mental Hygiene prior to burial, cremotion, ar removal.

retained by the hospital or attending physicion.

BP______ DHMH - 16 50M 1/8 (VRA 15, 4)

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7	1	FOR STATE	DEPARTMI	ENT OF HEALTH AND MENTAL HYG	IENE 🞖 🍕 🦠	2 1 2 0) 3
)	' '	REGISTRAR		CERTIFICATE OF DEATH	REG. NO		
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				Tlaned	1.465		:00 PM
	3. SE	X . I .	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRT	MONTHS DATS HOU	DER 24 HRS
21		Male	5	8 12 06	7.	7 YRS.	
111		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8	9 BALTIMORE CITY OF	R COUNTY OF DEATH	
6/	5	COUNTRY)	11.5	MARRIED NEVER MARRIED WIDOWED DIVORCED	Paltu	nove lity	110
210	10 CI	TY OR TOWN OF DEATH		HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION		MD.
11//	-	2 1 /0	(IF NOT IN SUCH FACILITY, GIVE STREET AD	DDRESS)	TYPE OF WORK FOR MOST OF		11 1200 OK
14	1	SAITIMOVE	LaFayette SQ. 1			210	19
20	USU/ 13a S	AL RESIDENCE (IF NURSING HOME OR ITALE 136 COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFORE A	DMISSION) 13d INSIDE CITY LIMITS?	13e. STREET ADDRESS	- CHAI	1
W		MD	Balt	YES TO NO	1808	W. lataye	He au
9	14 FA	ATHER'S NAME		15. MOTHER'S MAIDEN NAM			
VV	1	FIRST	MIDDLE LAST	FIRST	WIDDLE	LAST	>
20	7	MAY VI W	ALAUN	EALTH	ADDRE	-EASTE	
9 /		VAS DECEASED EVER IN U.S. ARI YES NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES)	_	AUDRE		
1/		No	705-09.00	95 MR FEAST	TER GL	Y3NOH.	
4		18 CAUSE OF DEATH (Enter an	ly ane cause per line far (a), (b), and	ic	10 10	APPROXIMATE II BETWEEN ONSET	NIERVAL AND DEATH
eu		PART I. DEATH WAS CAUSE	D BY:	cuman of	18 and de	v 2/1	11
c ev		IMMEDIAI	E CAUSE (a)		0	1	asper 14
mo t			DUE TO, OR AS A CONSEQUEN	ICE OF			
00		Canditions, if ony, which gave rise to immediate	(b)				
ė.		couse (o), stoting the	DUE TO, OR AS A CONSEQUEN	ICE OF			
ar other		underlying cause last	(6)				
ō		PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO DE	AM BUT NOT RELATED TO THE TERM	INAL DISEASE OR COND	DITION GIVEN IN PART 1 or	
101	Z	1 1 10	uellation PU	D, 14 TM			
2/1	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH C	DEDATION WAS DEPENDANED	20a AUTOPSY?	20b. IF YES, WERE FINDINGS L	ISED
0	5	170. DATE OF OFERATION	The condition for which c	DERATION WAS PERFORMED		IN CERTIFYING CAUSES OF D	
Po Po	E				YES NO		
185	Ü	21a. ACCIDENT WAS UNDERLYING	LIGHT A LL HOLIELL DAY	21: HOW INJURY OCCURE	ED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1 OR PART 2)	
E	AL	OR CONTRIBUTING CAUSE OF DEA	111	19			
à	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY	211 LOCATION			
Pa	¥	WHILE NOT WHILE AT WORK	(AT HOME STREET FACTORY OFFICE, FAR	RM, ETC) STREET	CITY OR TOV	VN COUNTY	STATE
0		AT WORK	_1	8-1-4 81	0=1	1 - 124	
.5			tal) attended the deceased from	1905	to		I) (we) last
121		saw the deceased alive an above, (I) (we) (did) (did na	t) view the bady after death.	and that in (my) (our) apinion of	death occurred an the da	te and hour and fram the couse	s stoted
ещ		22b. SIGNATURE		DEGREE		22c. DATE SIGN	EP OI
-/		Sun	SM	ATTENDING PHYSICIAN	MEDICAL STAF		1 th
3		22d. PHYSICIAN'S NAME (TYPE O	R PRINT)	22e. ADDRESS	J DIRECTOR THISIC	A A	
ž.		CHAULAT	y. KBAN	11-2.8 Km	is for Clas	in brive; ball	6. Mes
dy		31/1/0/00/1/1	1 - 600104	1320 100	7 000.2	10. 1. 1. 1. 1.	" "
_	230 E	BURIAL, CREMATION, REMOVAL		ME OF CEMETERY OR CREMATORY	23d LOCATION	COUNTY	STATE
_	1	Ducite	8-8-8-9	LEDAETHI		O. M	N.
/81	24 FL	UNERAL DIRECTOR	1 10			25% REGISTRAR'S SIGNATURE	
J1	1	NAME AM	ADDRESS]	701 LAURENOSSI AU	C 7400A	Julia Davidson-Rano	less
	0	-141162 1 MA 106	TON JONS	An Thursday An	0 1904	7	





STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

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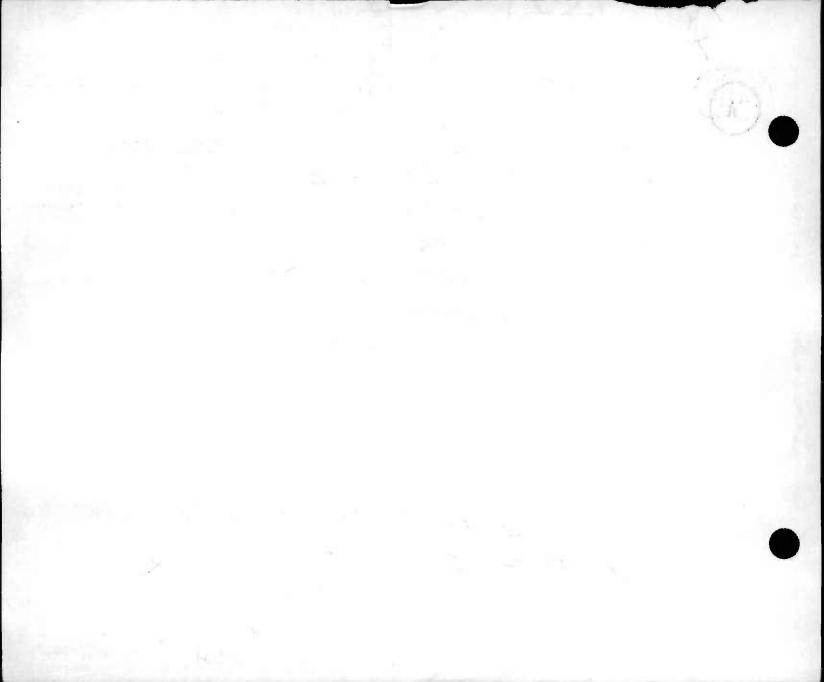
					REG NO	/.		
11196	CEASED NAME FIRST	MIDDLE		AST	20. DATE OF DEATH	MONTH DAY	YEAR 26. HOL	JR
	HOWA	RD B	CI	WED		8 1	84 112:	5524
3 SEX		4 RACE	5. DATÉ C	OF BIRTH	6. AGE (IN YEARS LAST BIRT		DER I YEAR IF UNDER	R 24 HRS
1	MALE	BLACK	MONTH	1 YEAR	64	YRS.	DATS HOURS	MIN.
7a Bi	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUN	TRY? 8	NEVER MARRIED	9 BALTIMORE CITY OF		EATH	
	. Carolina	U.S.A.	WIDOWE		BALTIMO	ORE CITY		MI
	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU	IRSING HOME C		12a USUAL OCCUPATION	ON 121	KIND OF BUSIN	ESSOR
BAJ	LTIMORE	VAMC 3900 LOCH		BLVD 21218	(TYPE OF WORK FOR MOST OF	WORKING (ILE)	DOSTRI	
USU/	AL RESIDENCE (IF NURSING HOME O STATE 1136 COU	ROTHER INSTITUTION, GIVE RESIDENCE	BEFORE ADMISSION)	13d INSIDE CITY LIMITS?	13e STREET ADDRESS /	ZID CODE	21213	3
	aryland		imore	YES X NO	1715 E. I	Lafayet	te Aver	nue
	ATHER'S NAME			15. MOTHER'S MAIDEN NAM				
1	Jim	Glov		Ida	WIDDLE		LAST	
	WAS DECEASED EVER IN U.S. AL	RMED FORCES? 166 SOCIAL	SECURITY NO.	17 INFORMANT	ADDRE	SS		
	(YES, NO OR UNKNOWN) (IF YES, GI	ve war or dates) 24918	0128	Johnnie Gl	over 1715	E.Lafa	vette 1	Ave
	18 CAUSE OF DEATH (Enter D						APPROXIMATE INTE	RVAL D DE ATH
	PART I. DEATH WAS CAUSI	ED BY. TE CAUSE (o) CAAA		sest				
	IMMEDIA							
	Conditions, if ony, which	DUE TO, OR AS A CONSEQUENCE OF (b) md have Swake						
	gove rise to immediate							
	couse (o), stoting the underlying couse lost.	DUE TO, OR AS A CONS	IO, OR AS A CONSEQUENCE OF					
	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONE	DITION GIVEN IN	PART LIGH	
7								
ō					THE DIOENSE ON CONT.),,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	77111	
ATIO	190 DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATIO		200 AUTOPSY?	20b IF YES, WEI	re findings use	
IIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WI	HICH OPERATIO			20b IF YES, WEI		ATH?
CERTIFICATION	190 DATE OF OPERATION	21b. TIME OF INJURY			200 AUTOPSY?	206 IF YES, WES IN CERTIFYING YES	RE FINDINGS USE CAUSES OF DEA NO [ATH?
AL CERTIFICATION	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	21b. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR	N WAS PERFORMED	200 AUTOPSY?	206 IF YES, WES IN CERTIFYING YES	RE FINDINGS USE CAUSES OF DEA NO [ATH?
	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY	DAY YEAR	N WAS PERFORMED 216 HOW INJURY OCCURR	200 AUTOPSY? YES NO ED (ENTER NATURE OF INJUR	206 IF YES, WEY IN CERTIFYING YES YES TYIN ITEM 18 PART I O	RE FINDINGS USE CAUSES OF DEA NO [DR PART 7)	TH?
MEDICAL CERTIFICATION	210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING] CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOT WHILE	21b. TIME OF INJURY HOUR A.M. MONTH P.M.	DAY YEAR	N WAS PERFORMED 214 HOW INJURY OCCURR	200 AUTOPSY?	206 IF YES, WEY IN CERTIFYING YES YES TYIN ITEM 18 PART I O	RE FINDINGS USE CAUSES OF DEA NO [DR PART 7)	ATH?
	21g. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING] CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d. IN JURY OCCURRED WHILE	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OF	DAY YEAR 19	N WAS PERFORMED 21c HOW INJURY OCCURR 21f LOCATION STREET	200 AUTOPSY? YES NO ED (ENTER NATURE OF INJUR	206 IF YES, WEY IN CERTIFYING YES YES TYIN ITEM 18 PART I O	RE FINDINGS USE CAUSES OF DEA NO [OR PART 7)	STATE
	21a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING] CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMINE AT WORK AT WORK 22a. I certify that (X) this hosp	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OF	DAY YEAR 19 FICE, FARM ETC.)	216 HOW INJURY OCCURR	200 AUTOPSY? YES NO ED (ENTER NATURE OF INJUR TITY OR TO	206 IF YES, WEI IN CERTIFYING YES THE TIME TO THE TIME	RE FINDINGS USE CAUSES OF DEA NO [ORPART 7)	STATE (we) lo
	21a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING] CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMINE AT WORK AT WORK 22a. I certify that (X) this hosp	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OF	DAY YEAR 19 FFICE, FARM ETC.)	N WAS PERFORMED 21c HOW INJURY OCCURR 21f LOCATION STREET	200 AUTOPSY? YES NO ED (ENTER NATURE OF INJUR TITY OR TO	206 IF YES, WET IN CERTIFYING YES TO THE TENT TO THE T	RE FINDINGS USE CAUSES OF DEA NO [ORPART 7)	STATE (we) lo
	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIE'S MEDIC AL EXAMINE 21d. IN JURY OCCURRED WHILE NOTIES NOTINGED AT WORK 22a. I certify that (N2 this hose sow the deceosed give a obove, (N2 we) (did (N3))	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OF	DAY YEAR 19 FFICE, FARM ETC.)	216 HOW INJURY OCCURR 216 LOCATION STREET 13 19-84 nd that IXXy (our) opinion of DEGREE	200 AUTOPSY? YES NO ED (ENTER NATURE OF INJUR TO AUCUST death occurred on the do	206 IF YES, WEI IN CERTIFYING YES YES YES YES 19 19 20 20 21 21 22 23 24 25 26 26 27 28 29 20 20 20 20 20 20 20 20 20 20	RE FINDINGS USE CAUSES OF DEA NO [OR PART 2) OUNTY 84 . thought	STATE (we) lo
	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22a L certify that (IX this hasp sow the deceased dive as above, (IX we) (did) (AXIX	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OF	DAY YEAR 19 FFICE, FARM ETC.)	216 HOW INJURY OCCURR 216 LOCATION STREET 13 19-84 and that 1000 (our) opinion of DEGREE	200 AUTOPSY? YES NO ED (ENTER NATURE OF INJUR TO AUCUST death occurred on the do	206 IF YES, WEI IN CERTIFYING YES YES YES YES 19 19 20 20 21 21 22 23 24 25 26 26 27 28 29 20 20 20 20 20 20 20 20 20 20	RE FINDINGS USE CAUSES OF DEA NO [OR PART 2) OUNTY 84 . thought	STATE (we) lo
	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22a certify that (Notify this hasp sow the deceased dive a above, (Nowe) (did) 2011	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OF	DAY YEAR 19 FFICE, FARM ETC.)	216 HOW INJURY OCCURR 216 LOCATION STREET 13 19-84 and that 1000 (our) opinion of physician [22e ADDRESS	200 AUTOPSY? YES NO DED (ENTER NATURE OF INJUR THY OR TOWN TO AUGUST death occurred on the do MEDICAL STAF DIRECTOR PHYSIC	206 IF YES, WET IN CERTIFYING YES THE INTERNAL TO THE INTERNAL	RE FINDINGS USE CAUSES OF DEA NO [OR PART 2) OUNTY 84 . thought	STATE (we) los
MEDICAL	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDIC AL EXAMINE 21d. INJURY OCCURRED WHILE NOTIFY MEDIC AL EXAMINE AT WORK AT WORK 22a I certify that (Tythis hosp sow the deceased due of obove, (Tythis hosp sow) 27b. SIGNAME THE TANKS NAME THE	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OF	DAY YEAR 19 FFICE, FARM ETC.) TOM JULY 19 84 OF	216 HOW INJURY OCCURR 216 LOCATION STREET 13 19-84 and that IXXVI (our) opinion of PHYSICIAN PHYSICIAN 22e ADDRESS 3900 LOCH	200 AUTOPSY? YES NO ED (ENTER NATURE OF INJUR TO AUCUST death occurred on the do MEDICAL STAF DIRECTOR PHYSIC	206 IF YES, WEI IN CERTIFYING YES YES YES YES 19 19 20 20 21 21 22 23 24 25 26 26 27 28 29 20 20 20 20 20 20 20 20 20 20	RE FINDINGS USE CAUSES OF DEA NO [OR PART 2) OUNTY 84 . thought	STATE (we) los
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WEDICAL 230 E	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDIC AL EXAMINE 21d. INJURY OCCURRED WHILE NOTIFY MEDIC AL EXAMINE AT WORK AT WORK 22a I certify that (Tythis hosp sow the deceased due of obove, (Tythis hosp sow) 27b. SIGNAME THE TANKS NAME THE	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OF	DAY YEAR 19 FFICE, FARM ETC.) TOM JULY 19 84 , or	216 HOW INJURY OCCURR 216 LOCATION STREET 13 . 19.84 and that IXXVI (our) opinion of DEGREE ATTENDING PHYSICIAN 22e ADDRESS 3900 LOCH EMETERY OR CREMATORY ON FOREST V	200 AUTOPSY? YES NO DED (ENTER NATURE OF INJURE TO AUGUST death occurred on the do MEDICAL STAF DIRECTOR PHYSIC RAVEN BLVD	206 IF YES, WEI IN CERTIFYING YES THE TIME TO THE TIME	RE FINDINGS USE CAUSES OF DEA NO [OR PART 2) OUNITY 84. tho XIII from the couses st 22c DATE SIGNED	STATE (we) los toted

DHMH - 16 50M 4/83 (VRA 15, 4)

etoined by the hospitol or

BP.

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician and completely fulled in by the should be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be filled with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.



DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

STATE OF MARYLAND

ALCO INTO	REG. NO.
DECEASED NAME FIRST MIDDLE LAST	20. DATE OF DEATH MONTH DAY YEAR 26. HOUR
GEORGE H. GOEREE	8 /8/84 1150
SEX 14. RACE 15. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS.
and the second s	MANAGE NAME OF THE PARTY OF THE
Nov. 17, 1933	
BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNTY OF DEATH
Netherlands Netherlands WIDOWED DIVORCE	Dallimore Giv-
CITY OR TOWN OF DEATH . NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTE	
Baltimore (IF NOT IN SUCH FACILITY, GIVES TREET ADDRESS) Mercy Hospital	(TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY
SUAL RESIDENCE (# NURSING HOME DECIMER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	Landscaping Gardening
	MITS? 13. STREET ADDRESS
Md. Baltimore Glen Arm 136 INSIDE CITY LIN	
FATHER'S NAME 15. MOTHER'S MAIL	
Hendrik Goeree	Roelfin Woldhek
WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17, INFORMANT	ADDRESS
IVES NO OBTINKNOWN) LIEVES GIVE WAR OR DATES!	
Unk 212 70 8942 Mr. Walt	ter Groff P. O. Box 1019 St. Michael
18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I, DEATH WAS CAUSED BY:	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	11 .
IMMEDIATE CAUSE (0) CANA IAC ATTACS	4 min
Conditions, if ony, which (16) ACQUIATE I MANNE OF	herione syndmen: 2 mo
gove rise to immediate	The first of the f
cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last.	3 45
(c) CyTomEsalo Viaus / pNEU.	mo cystes perfuments & WKS
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO RELATED TO THE	HE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110
CAN JIJINSIS 190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED 8784 Thack #0570mg Thacken/ 57 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY	
190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED	
8/7/84 Trackeostomy - Tracken/ Si	TENOSIS YES NO YES NO NO
218. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216. HOW INJURY	OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR	OCCORD (ENTER NATURE OF INJURY IN TIEM IS PART I OR PART ?)
(IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19	
21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) 21f. LOCATION STREET	CITY OR TOWN COUNTY STATE
WHILE NOT WHILE AT WORK AT WORK	5,110,101,101,101
220.1 certify that (I) (this hospital) attended the deceased from [19]	89 1 8/8 10 80 11 11
8/9 61	apinion death occurred on the date and haur and from the causes stated
abave, (1) (we) (did) (did not) view the body after death.	apinion death occurred an the date and nour and from the causes stated
22b. SIGNATURE DEGREE	22c. DATE SIGNED
ATTEND ATTEND	
224 PHYSICIAN'S NAME THE DAMENT	
1 T FS SPARR THE MAN MA	new Hoseisol
	110/101/ 601
BURIAL CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATE SPECIFY Cremation 8/11/84 Green Mount	23d. LOCATION Baltimore, Md. State
Cremation 8/11/84 Green Mount	

DHMH - 16 50M 4/82 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this

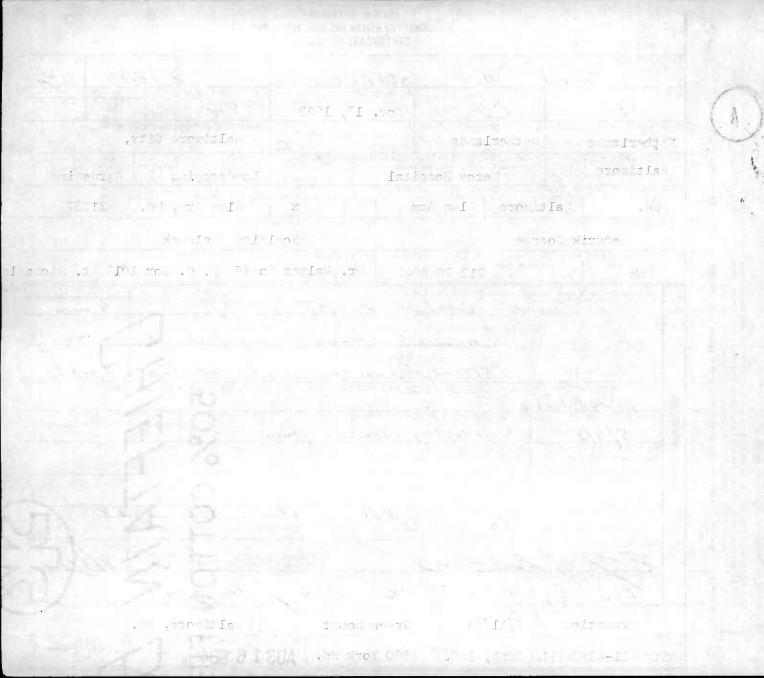
should be detached for use as the burial-transit permit. Then please remove carbon pap with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remova IMPORTANT: If them 21 is marked or them 28 shows any injury, or other traumotic event,

24. FUNERAL DIRECTOR MITCHELL-WIEDEFELD HOME, INC. INC.

FOR - STATE

6500 York Rd.

AUG 1 6 1984 Julia Davidor Prison



mpletely filled in by the funeral director and 2 should be filed within 72 hours of

IMPORTANT: If Item 21 is morked or Item 18 shows ony injury, or other troumotic event, the medical exception TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and co should be detached for use as the busial-transit permit. Then please remove carbon papers. Pages 1 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

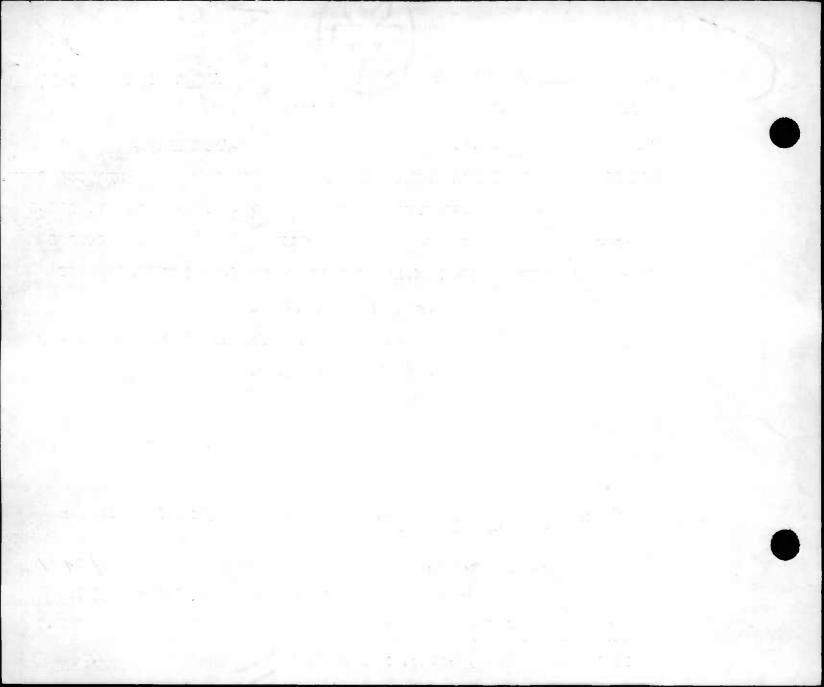
۱.		FOR STATE REGISTRAR
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	Jr4			

REGISTRA	(R			CERTIF	ICATE OF DEATH	1.00	REG. NO).			
1. DECEASED NA	AME FIRST		WIDDLE	t.	AST	2e. DATE	OF DEATH A		DAY YEAR	26 HOL	UR
(THE OR PRINT)	MARS	SHALL GI	LBERT	GOE	TZ		AUGUS7	31.	1984	3:1	5p
3. SEX		4. RACE		5. DATE C			N YEARS LAST BIRTH	1DAY)	F UNDER I YEAR		
MALE	å	TIHW	E	SEP	r. 28 1924	1 .	59	YRS	MONTHS DATS	HOURS	MIN
Ja. BIRTHPLACE	(STATE OR FOREIGN	76 CITIZEN OF	WHAT COUN	TRY?	D NEVER MARRIED	9 BALTIN	ORE CITY OF	COUNT	Y OF DEATH		
MD.		U.S	.A.	WIDOWE		□ BA	LTIMORE	CIT	ГУ		٨
IO. CITY OR TOV	/N OF DEATH		HOSPITAL, NU		OR OTHER INSTITUTION		L OCCUPATIO			OF BUSINI	ESS C
BALTIM	IRE	VA MED	ICAL CE	NTER BA	LTO MD		MBER	W 0 M M W 0		ING	CC
USUAL RESIDEN	CE (IF NURSING HOME	OR OTHER INSTITUTION	GIVE RESIDENCE I		1 134 INSIDE CITY LIMITS	2 113e STREET	ADDRESS /	ZIP COL	Æ		
MD.		-		IMORE	YES 🔀 NO	704	NORTH	PO	RT ST.	212	205
14 FATHER'S NA		MIDDLE	LAST		15. MOTHER'S MAIDEN	NAME	WIDDLE		14	ST	
AI	MAC		GOET	Z	NELL]	ΙE			JÖ	HANS	S
	SED EVER IN U.S.	ARMED FORCES? GIVE WAR OR DATES)	166 SOCIAL	SECURITY NO.	17. INFORMANT		ADDRES	SS			
YES	WW		216 18	0115	SOPHIA GO	DETZ (WIFE)	SAM	E ADDF	RESS	
18 CAUSI	OF DEATH (Enter	only one couse per	line for (o), (b	ond (c).)	•				APPRO	XIMATE INTE	RVA(
PART 2 C	THER SIGNIFICAN			TO DEATH BUT	MOT RELATED TO THE TI	ERMINALOISEA	ASE OR COND		IVEN IN PART 1		
TION DATE (JF OPERATION	148 COND	ITION FOR WE	TICH OPERATIO	N WAS PERFORMED	YES [NO	IN CERT	IFYING CAUSE	S OF DEAT	TH?
OR CONTRI	ENT WAS UNDERLYING BUTING CAUSE OF I	DEATH HOUR A.		DAY YEAR	21c. HOW INJURY OCC	URRED (ENTER	NATURE OF INJURY	IN ITEM 18	PART I OR PART 2)		
(# EITHER 21d INJUR	NOT WHILE	ZIE PLACE (AT HOME, ST	OF INJURY REET, FACTORY, OF	FICE, FARM, ETC }	211 LOCATION STREET		CITY OR TOW	/N	COUNTY		STATE
	he deceased alive	spital) attended the AUGUS. Augus (Not) view the body		1984_, or	nd that in (n %) (our) opin DEGREE	ion death occur				that XI (tated
Ne	nise of	asiph	ME	<u>). </u>	ATTENDING PHYSICIAN		R PHYSICI		8/	31/8	74
D e	NIS-E	JOSE Ph	MD		3900 Loch	Raven	Blud. E	Balto	Md 212	218	
230 BURIAL, CRE (SPECIFY) BU	MATION, REMOV	23b. DATE 9/4/8	34		EMETERY OR CREMATOR		ALTIMO	ORE	COUNTY	MD	STATE
24 FUNERALON											
	HTMUNE	K FUNER			. 21213 SI	DATE REC'D. BY	REGISTRAR 2		STRAR'S SIGNA		

DHMH - 16 50M 4/83 (VRA 15, 4)



TO FUNERAL DIRECTOR: After this certificate has been signed by the offending physician and campletely filled in by the fishould be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be I lead with with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, or other troumatic event, the

MPORTANT: If Hem 21 is morked or Item 18 shaws ony

Burial

STATE OF MARYLAND

1.	STATE REGISTRAR			DEPARTM		ICATE OF DEATH	REG. NO). O.		
	CEASED NAME OR PRINT!	emst attie		AIDDLE GO	oins	AST	August 9	MONTH DAY	YEAR	2b HOUR
3. SE	x		4 RACE		5 DATE C	OF BIRTH	6 AGE (IN YEARS LAST BIR	THDAY) IF U	NDER I YEAR	IF UNDER 24 HRS
	emale	711	Bla		7	8 33	51	YRS.		HOURS MIN.
7a. B	RTHPLACE (STATE OR F	OREIGN		WHAT COUNTRY?		NEVER MARRIED	9 BALTIMORE CITY O			
10 C	S.C.	TH		JSA	WIDOWE	D DIVORCED DIVORCED	Baltimo			MD. OF BUSINESS OR
	Baltimore		537	Robert	St.	OTTER INSTITUTION	(TYPE OF WORK EOR MOST O		INDUSTRY)
	AL RESIDENCE (IF NURS STATE MD	13b. COUN		Baltime	N	13d. INSIDE CITY LIMITS? YES MO [537 Rober	rt St.	212	17
14. FA	Charle	s	MIDDLE	Lawso	n	is. Mother's Maiden na Bulea	WE	Bed	use "AS	51
	VAS DECEASED EVER YES NO OR UNKNOWN)		MED FORCES? E WAR OR DATES)	166 SOCIAL SECU N/A	RITY NO.	Peter Goin	s 2419 Ca		venu	е
	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING			r as a conseque	NCE OF	NOT RELATED TO THE TERM	ninal disease or con	DITION GIVEN	IN PART 16	o
CERTIFICATION		DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION			N WAS PERFORMED	20a AUTOPSY? YES NO	20b. IF YES, W IN CERTIFYIN YES	ERE FINDING CAUSES	NGS USED 5 OF DEATH? NO	
MEDICAL CE	(IF EITHER NOTIFY MEDIC	2 2/ 2								
MED		WHILE NOT WHILE I							STATE	
	22a I certify that (I) saw the decease abave, (I) (works) 22b. SIGNATURE	ed olive on	AVG	6 19	\$4 , or	nd that in (my) (war) apinion DEGREE ATTENDING	death occurred on the do		,	
22- 1	22d PHYSICIAN'S NA	/ C	OHEN,		IAME OF S	22e ADDRESS	ST. BALT		. 7	21211
430.	DORIAL, CREMATION,	KEMOVAL	130. DAIL	23C IV	WAIE OL C	EMETERT OR CREMATORY	230. LOCATION			

Cedar Hill Cem.

BP.

etoined by the hospital ar attending physician

DHMH-16 30M 2/80 (VRA 15, 4)

24 FUNERAL DIRECTOR Wm. C. March F/H 1101 E. North Ave.

8/14/84

23d. LOCATION CITY OR TOWN

COUNTY

STATE

25. DATE REC'D BY REGISTRALIMA RECHTRAR & SIGN 70.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be etained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

STATE OF MARYLAND

1	- STATE REGISTRAR		DEPARTN		EALTH AND A		GIENE 🔾	REG. NO.	Cice		
	ECEASED NAME FIRST		WIDDLE	L	AST		2a. DATE OF	DEATH MONTH	1 DA	YEAR	26 HOUR
	ETHEL			GOLDS	MITH			8	17	84	11:30
3. SE	X	4. RACE		5. DATE O			6 AGE INYE	ARS LAST BIRTHDAY)	_	UNDER I YEA	R IF UNDER 24 HRS
	Female	White		монтн	29	04	80	,	rs.	NIHS DAYS	HOURS MIN
	SIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	76 CITIZEN OF	WHAT COUNTRY?	8. MARRIED WIDOWE	D NEVER N		9 BALTIMOI	RECITY <u>OR</u> CO	UNTYO	FDEATH	
	Balto.	11. NAME OF (IF NOT IN SUC 6800 I	HOSPITAL, NURSIN CHEACILITY, GIVE STREET A Liberty Ro	address)	R OTHER INST	ITUTION		CCUPATION for most of work tary	ING LIFE)	INDUSTR'	OF BUSINESS O
130	JAL RESIDENCE INF NURSING HOME OF STATE 136 COL		GIVE RESIDENCE BEFORE 13c. CITY OR TOWN Balto.		13d. INSIDE CI	ITY LIMITS?	13e STREET A	DDRESS Liberty	Roa	ıd 2	21207
14. F.	ATHER'S NAME Phillip He	nry	Goldsmith	1	15 MOTHER'S	FIRST	Mary	Frie Frie			AST
	WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) 1 IF YES, G	RMED FORCES?	16b SOCIAL SECU 213-03-4		Ms. H		Kilberg			Md.	Hill R
	Canditions, if any, which		metastati or as a conseque		wine	40515					
		DUE TO, O (b) DUE TO, O (c)	R AS A CONSEQUE	NCE OF			MINAL DISEASE	OR CONDITIO	N GIVEN	IN PART 1	l(o)
IFICATION	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, O (b) DUE TO, O (c) CONDITIONS CO	R AS A CONSEQUE	NCE OF	NOT RELATED	TO THE TER/	20a AUTO	PSY? 20b	IF YES, V	WERE FIND	INGS USED
CAL CERTIFICATION	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT	DUE TO, O (b) DUE TO, O (c) CONDITIONS CO 196 COND 196 COND A TIME CO HOUR A.	OR AS A CONSEQUE OR AS A CONSEQUE ONTRIBUTING TO D	NCE OF	NOT RELATED N WAS PERFOI	TO THE TER/	20a AUTO	PSY? 20b	IF YES, VERTIFYII	WERE FIND NG CAUSE	PINGS USED S OF DEATH?
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	Canditions, if any, which gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEFITTING CAUSE OF DEFITTING CONTRIBUTING AUSE OF DEFITTING CAUSE OF DEFT CAUSE OF DEFITTING CAUSE OF DEFITTING CAUSE OF DEFITTING CAUSE OF DEFITTING CAUSE OF DEFITTING CAUSE OF DEFITTING CAUSE OF DEFT CAUSE OF DEFT CAUSE OF DEFITTING CAUSE OF DEFT CAU	DUE TO, O (b) DUE TO, O (c) CONDITIONS CO 196 COND 196 COND 216, TIME CO HOUR A. ER) 21e PLACE (AT HOME STI	R AS A CONSEQUE ONTRIBUTING TO E ITION FOR WHICH OF INJURY M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE FA THE deceosed from 19	DEATH BUTTO	NOT RELATED N WAS PERFOI 21c. HOW IN. 21l. LOCATIO 5TREET d that in (my)	TO THE TERM RMED JURY OCCUR	200 AUTO YES RRED (ENTER NAT	PSY? 20b IN C NO URE OF INJURY IN ITE	IF YES, VERTIFYII YES M 18 PARI	WERE FIND NG CAUSE OF PART 2)	NO STATE
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BP. DHMH - 16 50M 1/B1 (VRA 15, 4)

24 FUNERAL DIRECTOR Anatomy Board

Balto., Md.

AUG 2 9 1984

Story Charles ASS CONDUATION OF SAY

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2 1 3 / 2

CERTIFICATE OF DEATH

REGISTRAR			CERTI	FICATE OF D	CAIN		REG. N	0.			
1. DECEASED NAME FIRST		WIDDLE		LAST		2a. DATE O		MONTH	DAY	YEAR	2b HOUR
GEORGE	ED	WARD	G	ORDON				8	11	84	12:45
3 SEX	4 RACE			OF BIRTH		6 AGE (IN)	rears last bir	THDAY	IF UNI	DER I YEAR	IF UNDER 24 HRS.
male	Bl	ack	MON1	0 DAY	02		8	l yrs		DAYS	HOURS MIN.
INTHPLACE (STATE OF FOREIGN		WHAT COUNTRY?	8	D NEVER M	A BRIED .	9 BALTIMO	RE CITY		_	EATH	
Baltimore, Md.	USA		WIDOW		ORCED	Balt	imore	Cit	V		MD
10 CITY OR TOWN OF DEATH		HOSPITAL, NURSIN		OR OTHER INSTI	TUTION	12a USUAL	OCCUPAT	10N	12	b. KIND C	OF BUSINESS OR
Baltimore /		nes Hosp				Carpe		Jr WORKING			Employed
USUAL RESIDENCE HE NURSING HOME	OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE		4 13d. INSIDE CIT				5150			d Garth
A. C.	ard	Columbia			NO [Colum	abia,	Mary	land	d 210	045
FATHER'S NAME	MIDDLE	LAST		15 MOTHER'S		ME					
John	MIDDLE	Gordon	1		IRST I TV		MIDDLE		1	LA: Part + s	zhugh
164 WAS DECEASED EVER IN U.S. A		16h SOCIAL SECU		17 INFORMAN		-	7141 ^{DR}	Sag	Hom	n Dr	21045
(4ES, NO OR UNKNOWN) (IF YES, (GIVE WAR OR DATES)	229-07-5	202	Shirley	Rando		olum				
18 CAUSE OF DEATH (Enter	anly one couse per	•		,	110110	J. D. 1.	O Z GIES	710,	Mar	APPROX	ONSET AND DEATH
PART 1. DEATH WAS CAUS	SED BY.	CONGEST		HEAL	2T	FAILL	105				AYS
IMMEDI	ATE CAUSE (a)			112-11		11100	X 10-4				1110
Canditions, if any, which		RAS A CONSEQUE		ECENT	NESS	CARDIA	47 7	PUFA	007	0	ALC
gave rise to immediate			-	2470	11,00	Critcoti	1	-0/-	4		1(3
cause (a), stating the underlying cause last		RAS A CONSEQUE		CAOD	OVASC	CIC AR	00	cho	5	4	EARS
PART 2 OTHER SIGNIFICAN		ONTRIBUTING TO E				AINAL DISEAS					
		MYSCH!	A BU	AIAAG	THE TERM	AINAL DISEAS	EORCON	DITION	NEN IN	IPARIT	0
PULYONA 19a DATE OF OPERATION	19b COND		OPERATIO	ON WAS PERFOR	MED	20a AUTO	OPSY?	120b JF Y	ES. WEI	RE FIND	NGS USED
PULMONA 19a DATE OF OPERATION FIZIFY 21a. ACCIDENT WAS UNDERLYING	NINCE	TYENT O	P	PACENA	CER	VEC E		IN CER	TIFYING		OF DEATH?
21g. ACCIDENT WAS UNDERLYING	21b. TIME O			21r HOW IN I	URY OCCUR	RED (SMESS AN	NO		YES X	DD 8 ADT 21	NO []
OR CONTRIBUTING CAUSE OF D	EATH HOUR A.		YEAR		ON OCCOM	WED LEWISK AN		WI THE ITEM I	o PARITO	7K F MK 1 2]	
OR CONTRIBUTING CAUSE OF E	P. 21e PLACE	M.	19	211 LOCATIO	N						
WHILE NOT WHILE		REET FACTORY OFFICE, F.	ARM ETC }	STREET	4		CITY OR TO	IWN	C	OUNTY	STATE
AT WORK AT WORK							- 3				
220 I certify that (I) (this has saw the deceased alive of		e deceased fram		- 1 sh - s !- () /	., 19	, to	I and the state of		19		that (1) (we) last
obave, (1) (we) (did) (did i	nat view the body	after death.	, 0	nd that in (my) (our, apinion	death accurre	ed on the d	ate and h	-		
22b. SIGNATURE	4) 1		DEGREE	TENDING	MEDICAL	STA	PE .		22c. DATE	SIGNED
Jewen	11,40	>aulman	1	M. A. b	HYSICIAN [DIRECTOR			-	0/	11/64
22d. PHYSICTAN'S NAME (TYPE	OR PRINTS			22e ADDRESS				,		- '	/
Dr. Steven I	I. Pearln	nan		St.	Agnes	Hospit	al				
23a BURIAL, CREMATION, REMOVA	L 23b. DATE	23c N	NAME OF	CEMETERY OR C	REMATORY :	23d. LOCA	ATION			OLITY	STATE
Burial	8/16/			Star Ce	metery			Balt	imor	re, N	Maryland
24 Nutter & Sons		ynns Fall			25a. DAT	TE REC'D. BY R	REGISTRAR				TURE
Funeral Home Inc	. Baltim	ore, Mary	land	21216	AUG	1549	384	whia D	autas	on-No	The second

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physic

should be detached for use as the buriol-transit permit. Then please remay with the State Dept. of Health and Mental Hygiene prior to burial, cremati

Shirts.

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n r.	TIN Stop Nor Erley Hendolds Columbia, Mar	201-14-002	No.
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	PARKE	M LAKSSHAME	PULMONALT
	A THE STATE OF THE	ICEMENT OF P	8/2/84 OLE

E.r. 1 5/10/1084 Nestern July Corectly Nuctor John 2501 Channe Fills For day
Incred Lone Inc. Californ, Maryland 21215

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in the should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be 11 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

IMPORTANT: If them 21 is marked or Item 18 shows any injury, ar other traumatic event, th

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	REG. NO		-	

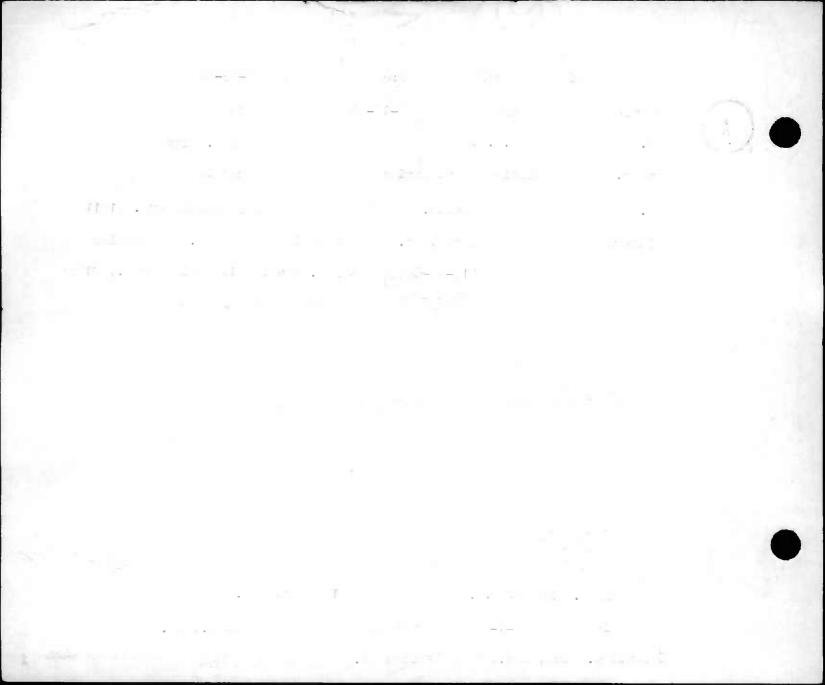
REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO	0	- 1	
I. DECEASED NAME FIRST	MIDDLE	l	AST	2a. DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
Elsie	Margaret	Graf		8-29-84			м
3. SEX	4. RACE	5. DATE C		6 AGE (IN YEARS LAST BIR	THDAY) IF UNI	DER I YEAR	IF UNDER 24 HRS HOURS MIN.
Female	White	5-13	-04 DAY YEAR	86	YRS	5 DAYS	HOURS MIN.
7a. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUR	NTRY? B		9 BALTIMORE CITY O		EATH	
COUNTRY)	U.S.A.	WIDOWE	D NEVER MARRIED DIORCED DIORCED	Balto. Ci	ty		MD.
	11. NAME OF HOSPITAL, N	JURSING HOME C	100	12a USUAL OCCUPATION	ON 12		F BUSINESS OR
Balto.	Belair Conval	e street address) esarium		Housewife	(WORKING LIFE)	IDUSTRY	
USUAL RESIDENCE (IF NURSING HOME OR 13a STATE Md. 14 FATHER'S NAME	ITY I3c CITY OF Balt	RTOWN	13d. INSIDE CITY LIMITS? YES NO 15. MOTHER'S MAIDEN NAM	13e.STREET ADDRESS / 3838 Rolan	ZIP CODE d Ave. 2	21211	
Gilbert	Shortt		Katherine	WIDDIE	Geti	tier	1
160 WAS DECEASED EVER IN U.S. AR		L SECURITY NO.	17 INFORMANT	ADDRE			
	6 WAR OR DATEST	5-0473	Paul R. Graf	. 7711 Dani	els Ave.	. 21	234
18 CAUSE OF DEATH (Enter on			2	, , , , ,	1		MATE INTERVAL DISET AND DEATH
Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause last	DUE TO, OR AS A CON (c) ONDITIONS CONTRIBUTION		NOT RELATED TO THE TERM				
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196. CONDITION FOR V	WHICH OPERATIO	n was përformed	200 AUTOPSY? YES NO	20b. IF YES, WEIN CERTIFYING YES		
		H DAY YEAR	21c HOW INJURY OCCURR	RED (ENTER NATURE OF INJUR	TY IN ITEM 18 PART I C	OR PART 21	
OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER 21d IN JURY OCCURRED WHILE NOTIFY MEDICAL EXAMINER AT WORK AT WORK	21e PLACE OF INJURY	OEFICE, EARM, ETC.)	211 LOCATION STREET	CITY OR TO	wn c	OUNTY	STATE
22s I certify that (I) (the hop) sow the decreased place in above (I) (we) Nido due no		19 0	nd that in (my) (our) opinion (from the	
22s. SIGNATURE	mer	`		MEDICAL STAI DIRECTOR PHYSIC		8/2	9/84
TAPHYSIE MON'S NAME (THE O			22e ADDRESS		1	/	' '
Luis E. Riv	era, M.D.		5317 Belair	Rd.		0	
236 BURIAL, CREMATION, REMOVAL		23c NAME OF C	EMETERY OR CREMATORY	23d. LOCATION	COL	UNIY	STATE
(SPECIFY) Burial	9-1-84	Parkwo	od	Balto. 1			

DHMH - 16 50M 4/83 (VRA 15, 4)

24 FUNERAL DIRECTOR Leonard J. Ruck, Inc., 5305 Harford Rd. 250. DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE

ALIG 3 0 1984

AUG 3 0 1984



	1-	8616/84 kg STATE REGISTRAR		STATE OF MARYLAND ARTMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	
1		CEASED NAME FIRST OR PRINT)	MIDDLE R.	GRAY	20 DATE OF DEATH MONTH	1 84 8:5
2 2	3. SE)		4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	FUNDER TYEAR IF UNDER
ars at		Male	Black	3/6/18	66 YRS.	
72 le	7a. BI	RTHPLACE (STATE OR FOREIGN OUNTRY)	76. CITIZEN OF WHAT COUNT	MARRIED NEVER MARRIED	BALTIMORE CITY OR COUNTY	OF DEATH
Anna Anna	_	TY OR TOWN OF DEATH	U.S.	WIDOWED DIVORCED RSING HOME OR OTHER INSTITUTION	Balto. City	That KIND OF BUILDING
by the funeral filed within 72		Balto. City	North Char	TREET ADDRESS)	(TYPE OF WORK FOR MOST OF WORKING LIF	12b. KIND OF BUSIN INDUSTRY
filled in ould be	13a. S	AL RESIDENCE (IF NURSING HOME OF TATE 13b COU	PROTHER INSTITUTION, GIVE RESIDENCE B INTY 13c. CITY OR 1 Balto	TOWN 13d. INSIDE CITY LIMITS? City YES 0 NO	1378RET ADDRESS ta AV	re 21208
ompletely 1 and 2 sh		THER'S NAME Robert Gray	MIDDLE LAST	IS MOTHER'S MAIDEN NA Sarah Gree	WE	LAST
Poges 1	láa V	AS DECEASED EVER IN U.S. A	rmed forces? 166 SOCIAL SIVE WAR OR DATES 04	SECURITY NO. 17 INFORMANT 09-(348helma Gra	ADDRESS	lve.
d by the attending lease remove carb ral, cremation, ar r ar ather traumatic		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSE		V	
signe Then p to bur njury.	NO	PART 2 OTHER SIGNIFICANT	conditions CONTRIBUTING	10 DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION GIV	
	4 4-	190 DATE OF OPERATION	196. CONDITION FOR WE	HICH OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YES	, WERE FINDINGS USE YING CAUSES OF DEA
thos been it permit. Items prior nows ony it	TIFICA				YES NO YE	S NO [
certificate has be princial-transit permit ental Hygiene printem 18 shaws an	DICAL CERTIFICATION	2]a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [CAUSE OF DI (IF EITHER NOTIFY MEDICAL EXAMINI 21d. IN JURY OCCURRED	EATH HOUR A.M. MONTH ER) P.M.	DAY YEAR 19 211. LOCATION	RED (ENTER NATURE OF INJURY IN ITEM TB P	ART I OR PART 2)
burial-transit permit Mental Hygiene pri or Item 18 shows on	MEDICAL CERTIFICAT	OR CONTRIBUTING CAUSE OF DI (IF EITHER, NOTIFY MEDICAL EXAMINI 21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	P.M. 21e. PLACE OF INJURY (AT HOME STREET, FACTORY OF	DAY YEAR 19 211. LOCATION STREET		
TOR, After this certificate has be for use as the burial-transit permi of Health and Mental Hygiene pri 21 is marked or them 18 shows an		OR CONTRIBUTING CAUSE OF DI (IF EITHER NOTIFY MEDICAL EXAMINI 21d. IN JURY OCCURRED WHILE AT WORK AT WORK 22d.1 certify that (1) (this hass sow the deceased alive o	HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME STREET, FACTORY OF	DAY YEAR 19 211. LOCATION STREET Om	RED (ENTER NATURE OF INJURY IN ITEM TB P	COUNTY that (I)
After this certificate has be se as the buriol-transit permit oith and Mental Hygiene primarked or Item 18 shows an		OR CONTRIBUTING CAUSE OF DI (IF ETHER MOTIFY MEDICAL EXAMIN) 21d. IN JURY OCCURRED WHILE AT WORK AT WORK 22e.1 certify that (I) (this hasp saw the deceased alive o above, (I) (we) (did) (did in 22b. SIGNATURE	HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFI	DAY YEAR 19 211. LOCATION STREET Om	CITY OF TOWN CITY OF TOWN CONTROL OF TOWN CITY OF TOWN MEDICAL STAFF	COUNTY that (I)

DHMH - 16 50M 4/B2 (VRA 15, 4)

236 DATE 8/16/84 230. BURIAL, CREMATION, REMOVAL (SPECEL) Burial

23c. NAME OF CEMETERY OR CREMATORY
WOOdlawn Cemeter

CAPRIES 23d LOCATION
CITY OR TOWN
Balto

GOU. HOSP. COUNTY

STATE

Cemetery Balto Md.
250. Date REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE
AUG 13 1984 Fuha Davidson-Rand

a live to the . WE THEN THE STATE OF THE STAT L. Warmengt 2700 Educador and AUS 13 AM Electronia

elained by the haspital or attending physician

DHMH - 16 50M 4/83

(VRA 15, 4)

completely filled in by the funeral 1 good 2 should be filed within 72

IAPORTANT: If here 21 is marked or them 18 shows any injury, or other traumatic event, the medical TO FUNERAL DIRECTOR, After this certificate has been signed by the otherstanding physician and o should be detacked for use as the build-transit permit. Then please remove corbas pagests. Pages with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

FOR - STATE

STATE OF MARYLAND

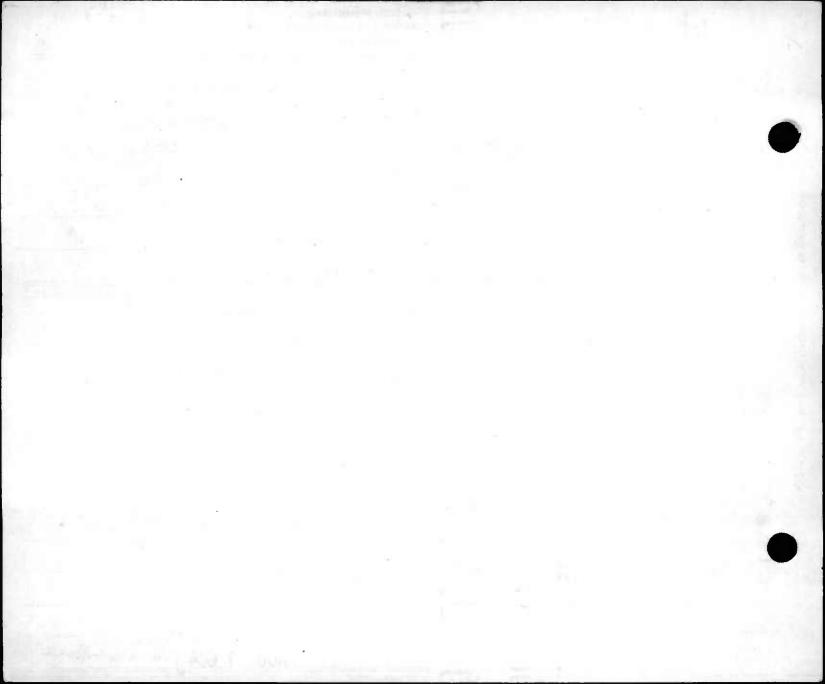
DEPARTMENT OF HEALTH AND MENTAL HYGIENS CERTIFICATE OF DEATH

	REG. N	10.			
1	2a DATE OF DEATH	HTMOM	DAY	YEAR	26 HOUR
ı		8-	30-	-84	5:06

REG	ISTRAK			ALL OF BEATTI	REG. N	Ю.	
1. DECEASE		MIDDLE	tAS		2a DATE OF DEATH	MONTH DAY YEAR	26 HOUR
(TYPE OR PRIN	Osten		Gre	N		8-30-84	5:06
1. SEX		RACE	5. DATE OF		6 AGE (IN YEARS LAST BI	RTHDAY) IF UNDER TYEA	R IF UNDER 24 HI
1	Male	C 9	MONTH	2 93	91	YRS MONTHS DAY	S HOURS M
		CITIZEN OF WHAT COUNTRY	? 8	NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY OF DEATH	
	ussia	U.S.A	WIDOWED	DIVORCED [13altin	rone City	
10 CITY OR	TOWN OF DEATH	I. NAME OF HOSPITAL, NURS		OTHER INSTITUTION	12a USUAL OCCUPAT	ION 12b. KIND OF WORKING LIFE) INDUSTR	OF BUSINESS
Bal	timore S	South Baltimo	0 - 1	enal Hospit	W Retir	ed -	
USUAL RES	IDENCE (IF NURSING HOME OR OT	HER INSTITUTION, GIVE RESIDENCE BEFO		d. INSIDE CITY LIMITS?	1		
M		Ω		YES X NO	1432 Rich	cumson St	2123
IA FATHER	5 NAME			MOTHER'S MAIDEN		CANCEL TO A	
1	11 1.	DDLE LAST	100	FIRST	Inknown	ı	AST
In WAS D	ECEASED EVER IN U.S. ARMI		URITY NO I	7 INFORMANT	ADDR	ESS 0	1230
		VAR OR DATES)	113	- 14.0	91 11	12210 8	12 50
- 12	0	0-6/10	1-4430	Meskan	xxeen 14	-JK VICKA	idas
	AUSE OF DEATH (Enter only ART L DEATH WAS CAUSED)	ane cause per line for (a), (b), o	and (ci.)	0	22	BETWEE	DXIMATE INTERVAL N ONSET AND DEA
1 1 "	IMMEDIATE	11/1/11/11	ive /	astrice.	felcear	79	
1 1			1			0	
1 1.	ALCO ACCUMENTS	DUE TO, OR AS A CONSEQ	WENCE OF	1 .	1 1 1 1 1		
	ditions, if any, which	(b) +1111	2 90	in his	win	,>	
	se (a), stating the	DUE TO, OR AS A CONSEQ	HENCE OF			ĺ	
	erlying couse fost.	1 10, OK AS A GINSEG	enu				
		10					
	1.2. OTHER SIGNIFICANT CO	INDITIONS CONTRIBUTING TO	DEATH BUT N	OI KELATED TO THE TE	RMIN AL DISEASE OR CON	IDITION GIVEN IN PART	110
CERTIFICATION 10 10 10 10 10 10 10 10 10 10 10 10 10 1	TATE OF OPERATION	1% CONDITION FOR WHIC	H OPERATION	WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FINE	INGS LISED
2 "	ALL OF CITEMPION	THE CONDITION WITH	II OF ERATION	TASTERI ORMED	. /	IN CERTIFYING CAUSE	
JĒ L					YES NO	YES [NO 🗌
8 71a	ACCIDENT WAS UNDERLYING	116. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR	NE. HOW INJURY OCC	URRED (ENTER NATURE OF INJU	JRY IN ITEM 18 PART T OR PART 2	
₹ 0000	ONTRIBUTING C CAUSE OF DEATH EITHER, NOTIFY WEDICAL EXAMINER)	P.M.	19				
-	NJURY OCCURRED	21e. PLACE OF INJURY		II LOCATION		14	
¥ 1		(AT HOME, STREET, FACTORY, OFFICE	FARM ETC)	STREET	CITY OR TO	OMU CONITA	STATE
at wo	sea Lul as works 4-3						
22 a. l	certify that (I) (this hospital) attended the deceased from	- 8	-22- 1984	, to	5-30-19.84	., that (I) (we)
1 2	aw the deceased aligh on_	1 5-30-19	, and	that in (my) (our) opinio	on death occurred on the d	late and hour and from th	ne causes state
	above, (I) (we) idid; did nor	view the body after feath.	DE	GREE		22c DA	TE SIGNED
1	7/1 V /K	1. / /	*	ATTENION	MEDICAL STA	_	2
1 1 .	111111111111111111111111111111111111111	morn	. ME	PHYSICIAN			30-84
724	HYSICIAN'S NAME OUT AND	Kind)		22e ADDRESS			
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1	tlexander 1.	ogalaschewsky	MU	20012	Hanover	27	
23e. BURTAL	L, CREMATION, REMOVAL	73h PATE	DATE OF CEA	NETERY OF CREMATOR	M THE LOCATION	1 911	11
Alecin	inial	9/1/911 17	1411	intert	TYORTOWN	3 / L'U	1
46	El Mercion	110701	usar	a way cera	ATE DECID AN DECISION	MI STOCKE	cye /k
VONER	ALDIRECTOR	1 7 13	14100-	OK (1 1000 230 L	ATE REC'D. BY REGISTRAN	Julia Davi	Mindell
1707	A1101111.11	PARENTUNT	17/1	10000	100 3 1 1904	Fund	



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	7	Ŀ	REGISTRAR		CERTIFICATE OF DEATH	REG. NO).
e 65			CEASED NAME FIRST	MIDDLE	GREENE	2a. DATE OF DEATH	MONTH DAY YEAR 76. HOUR
oy b	-	<u></u>	GARFE			1.405	8 3 0 1 00 71
Page 4 may be director, page 3 hours ofter death	- [3 SE	F	RACE N 7	5. DATE OF BIRTH MONTH DAY YEAR 18 39	4. AGE (IN YEARS LAST BIRTH	MONTHS DAYS HOURS MIN
edm Po nerol dir n 72 hou	70		RTHPLACE (STATE OR FOREIGN) OUNTRY) Carolina	CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED		r COUNTY OF DEATH
hours ofter dearn d in by the funeral to filed within 72 h	Politico /	0		1. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET A SINAI HOSPI	G HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF	ON 12b. KIND OF BUSINESS OF
hin 24 hours of ily filled in by the should be filed	See See	13e	STATE 134 COUNT	THER INSTITUTION, GIVE RESIDENCE BEFORE	ADMISSION] N #13d INSIDE CITY LIMITS	/	21133 MEN 034 Rayl
executed within 24 and completely filler oges I and 2 should	0.83	14. F/	THER'S NAME	DDIE RUNTEN	IS MOTHER'S MANDEN FIRST UT (MULES-	Ster MIDDLE	Alasseii)
e execute		160 \	VAS DECEASED EVER IN U.S. ARM	NED FORCES? 166 SOCIAL SECUL VAR OR DATES) 2 12-5	RITY NO. 17 INFORMANT	ADDRES	Mendoza Road
tificate b physicial inpopers.	movol.		PART I. DEATH WAS CAUSED	one couse per line for (a), (b), and BY: CAUSE (a) RESPIR			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
eoth cer thending ve corbo	on, or re umotic e	Н	Conditions, if ony, which	DUE TO, OR AS A CONSEQUE	NCE OF CANCER METALTA	ATIC TO LUM	VGS
requires that the death certificate in signed by the offending physici. Then please remove carbonpoper	iol, cremation, or r or other troumotic		gave rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR AS A CONSEQUE		Pulmonary 1.	Diserve
equires t n signed Then ple	nto buno injuny, or	NO NO	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO D	DEATH BUT NOT RELATED TO THE TE	ERMINAL DISEASE OR COND	DITION GIVEN IN PART 110
on. hos bee t permit.	iene prio	CERTIFICATION	1% DATE OF OPERATION	1	operation was performed a mothorax	200 AUTOPSY? YES NOW	70h. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO
KIAN T g physici ertificote	em 18 sh		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER)	216. TIME OF INJURY HOUR A.M. MONTH DA	Y YEAR	URRED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1 OR PART 2]
TTENDING PHYSICIAN pitol or offending physical CR. After this certifical for use as the buriol-fron	rked or H	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	211 LOCATION STREET	CITY OR FOW	N COUNTY STATE
NOIN I or Use o	realth and is marked		220 I certify that (I) (this hospital	ol) ottended the deceased from	7 3 84 19	. 10 8 5	19_8-4, that (I) (we) los
hospital RECTOR	21		sow the deceased alive on above, (1) (we) (did) (did nat)	view the body ofter death.		an death accurred on the do	te and hour and from the couses stated
9 0 0 0	late Dept NT: If Item		226 SIGNATURE	IM sed	DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	FIAN 8/5/84
D HOSPITAL fluined by 1 O FUNERAL hould be de	MPORTANT.		RANDAL	M. SEALA			
BP	- 2	230	BURIAL CREMATION, REMOVAL		AME OF CEMETERY OR CREMATOR 1 timore Cemete	CITY OR TOWN	county state
DHMH-1		24 F	JNERAL DIRECTOR	ADDRESS		DATE REC'D. BY REGISTRAR	25h REGISTRAR'S SIGNATURE Julia Daydon Hondall
(VRA 15,	4) 7/78	W	m C March F/H	Inc. 1101 F	North Avenue	AUB 7 1984	June partabal 1



(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

SISOB E OBNOSURUUSS SANDIEBEHA CI #B 08/12/84 A FEBRON CREENMALD NOLLIE

STATE OF MARYLAND

1.	FOR STATE REGISTRAR	DEPART		ICATE OF DEATH	REG. NO.		
	CEASED NAME FIRST	WIDDLE	i	AST	20. DATE OF DEATH MONTH	DAY YEAR	2h HOUR
		nard	reger	Y	August 8, 198	34	12:30A
J. SE	X	4 RACE	5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
	Male	Black	9 min	15 13	70 YRS	MONTHS! DAYS	HOURS MIN.
	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED DIVORCED	Baltimore C:	TY OF DEATH	MD
I	altimore	(IF NOT IN SUCH FACILITY, GIVE STREET Maryland Gene	ral E		170 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING		OF BUSINESS OR
130.	Md.	E OR OTHER INSTITUTION, GIVE RESIDENCE BEFOR DUNTY Balto	City	134 INSIDE CITY LIMITS? YES MO	13. SIREET ADDRESS / ZIP CO	ode Ct. 2	1201
14. F	Wallace Gre	egory		Mary Croom		LAS	st .
16a \	WAS DECEASED EVER IN U.S. YES NO OR UNKNOWN) (IF YES.	ARMED FORCES? 16b. SOCIAL SECTOR OF CONTROL SECT		17 INFORMANT B	ADDRESS	the Paris	
	PART I. DEATH WAS CAL	only one couse per line for (a), (b), or USED BY: Maligne DUE TO, OR AS A CONSEOU (b) DUE TO, OR AS A CONSEOU (c)	ence of	ymphoma		BETWEEN	inaté ritérval Onset and Déath
NOI	PART 2 OTHER SIGNIFICAN	NT CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION (GIVEN IN PART 11	a,
CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	H OPERATIO	N WAS PERFORMED		YES, WERE FINDING TIFYING CAUSES	
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM	DEATH HOUR A.M. MONTH D	AY YEAR	216 HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM	8 PART I OR PART 2}	
MEDICAL	216 IN JURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE.	FARM, ETC)	21f LOCATION STREET	CITY OR TOWN	COUNTY	STATE
	220.1 certify that (X (this has sow the deceased alive above, (f) (we) (did) (order 22b. SIGNATURE	ospital) attended the deceosed from an August 19 19 19	, 01	DEGREE ATTENDING	death occurred an the date and h		

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and ca should be detached for use as the burial-transit permit. Then please remove carbanpapers. Pages 1 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If them 21 is marked ar item 18 shaws any TO HOSPITAL OR ATTENDING PHYSICIAN: The retained by the hospital or attending physicion.

and completely filled in by the funeral director, page ages 1 and 2 should be filed within 72 hours after dec

DHMH - 16 50M 4/83 (VRA 15, 4)

Charles Ridley.

MATION, REMOVAL 23b. DATE 730 BURIAL, CREMATION, REMOVAL (SPECEN) Burial 8/13/84

224. PHYSICIAN'S NAME (TYPE ON PRINCE)

23c. NAME OF CEMETERY OR CREMATORY

234 LOCATION
CITY OF TOWN
Balto.

22. ADDRESS c/o Maryland General Hospital

COUNTY STATE

Mt. Auhurn FUNERAL DIRECTOR

250. DATE REC'D. BY REGISTRAR 25% REGISTRAR'S SIGNATURE

Md

Prince Parket . Land Control Decision D Instruct Island against the ground we THE PARTY OF THE P the contract of the contract o - Lail and Lawrence on Pronamed of the

unial-transit permit Then please remove carban papers. Pages 1 and 2 should be

njury, ar ather traumatic event,

CERTIFICATION

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician

HOSPITAL OR ATTENDING PHYSICIAN: The retained by the haspital ar attending physician should be detached for use as the burial-transit permit. Then please remave a with the State Dept. of Health and Mental Hygiene prior to burial, cremation,

m 18 shav

MPORTANT: If Hem 21 is marked on

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENS

REGISTRAR		CERTIFI	ICATE OF DEATH	REG. NO.		
1. DECEASED NAME FIRST	OhA	_		26 DATE OF DEATH MONTH	DAY YEAR	1:35 A M
3. SEX FEMALE	A. RACE Black			6. AGE (IN YEARS LAST BIRTHDAY) 7 9 YRS	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
NORTH CAR	USA	WIDOWE	DIVORCED [_		MD.
BALTIMORE		T ADDRESS)			GLIFE) INDUSTRY	OF BUSINESS OR
	TY 13 CITY OR TOV	WN	13d. INSIDE CITY LIMITS? YES NO []			1.21215
14 FATHER'S NAME 14 ENRY	MIDDLE PEAC	E	MARY	SATTERWhite	TUN 87	ALL
		1367	CHART &	214 DUMPRETUSO	n 3603	Bluc
PART I. DEATH WAS CAUSE	DBY. CADDI		ARREST		BETWEEN 30	MAYERNTERVAL ONSET AND DEATH MINUTE
Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	(d)					
	REGISTRAR 1. DECEASED NAME (1) PE OR PRINT! 3. SEX TO BIRTHPLACE (STATE OR FOREIGN COUNTRY) NONTH CAN 10. CITY OR TOWN OF DEATH BALTIMORE USUAL RESIDENCE (IF NURSING HOME OR 136. STATE USUAL RESIDENCE (IF NURSING HOME OR 136. STATE LENRY 160 WAS DECEASED EVER IN U.S. AR. (YES, NO OR UNKNOWN) 18 CAUSE OF DEATH IENTER ON PART I. DEATH WAS CAUSE IMMEDIAT Conditions, if ony, which gove rise to immediate couse (0), stating the underlying couse lost.	REGISTRAR 1. DECEASED NAME FIRST MIDDLE (TYPE OR PRINT) MAE DAA 3. SEX 3. SEX 4. RACE 3. SEX 4. RACE 3. SEX 4. RACE 3. SEX 76. BIRTHPLACE (STATE OR FOREIGN COUNTRY) 17. CITY OR TOWN OF DEATH 18. CITY OR TOWN OF DEATH 19. CITY OR TOWN OF DEATH 19. CITY OR TOWN OF DEATH 19. COUNTY 19. CITY OR TOWN OF DEATH 19. COUNTY 19. CITY OR TOWN OF DEATH 19. COUNTY 19. CITY OR TOWN 19. CITY OR TOW	REGISTRAR 1. DECEASED NAME (TYPE OR PRINT) 3. SEX 3. SEX 4. RACE 3. SEX 4. RACE 3. DATE O MONTH COUNTRY) NONTH CAN 10. CITIZEN OF WHAT COUNTRY? NONTH CAN 11. NAME OF HOSPITAL, NURSING HOME OF OTHER INSTITUTION GIVE RESIDENCE BEFORE ADDRESS) 13a. STATE 13b. COUNTY 13c. CITY OR TOWN	REGISTRAR 1. DECEASED NAME FIRST MIDDLE LAST GREGORY 3. SEX 3. SEX 4. RACE 6. DIACK 5. DATE OF BIRTH MONTH DAY VEAR DATE OF DIVERNMENT COUNTRY? 8. MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NOTIFICAL NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13. STATE 13. COUNTY 13. COUNTY 13. COUNTY 13. COUNTY 14. FATHER'S NAME FIRST 15. MOTHER'S MAIDEN NAME FIRST 16. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR LINKNOWN) (IF YES, GIVE WAR OR DATES) 16. CAUSE OF DEATH LEnter only one cause per line for (a), (b), and (c)	REGISTRAR 1. DECEASED NAME PRIST MODIE 1. DECEASED NAME PRIST MODIE 3. SEX 3. SEX 4. RACE 6. AGE (IN YEARS LAST BIRTHON) 7. BIRTHPLACE (STATE OF FOREON COUNTRY) 8. MARRIED NEVER MARRIED DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 13. STATE 13. STATE 13. CITY OR TOWN 13. COUNTY 13. CITY OR TOWN 14. FATHER'S NAME 15. MOTHER'S NAME 16. AGE (IN YEARS LAST BIRTHON) 17. BALTIMORE CITY OR COUNTRY 18. MARRIED NEVER MARRIED DIVORCED 19. BALTIMORE CITY OR COUNTRY 19. BALTIMORE CITY OR COUNTRY 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13. STATE 13. STATE 13. CITY OR TOWN 13.	REGISTRAR I. DECEASED NAME 1851 MIDDLE CAST THE OF DEATH MONTH DAY YEAR (ITYE OR PRINT) J. SEX J. BIRTHPLACE (STATE OR FOREON ON COUNTRY) J. CITIZEN OF WHAT COUNTRY? J. CITIZEN OF WHAT COUNTRY? J. CITIZEN OF WHAT COUNTRY? J. CITIZEN OF WHAT COUNTRY? J. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MOST OF WORKING LIFE INDUSTRY J. CITIZEN OF WHAT COUNTRY? J. CITIZEN OF WHAT COUNTRY? J. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MONTH OF COUNTRY OF DEATH NO. (If NOT IN SUCH FACILITY, GIVE STREET ADDRESS) J. COUNTRY NO. (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) J. COUNTRY NO. (IF YES ON MOST OF WORKING LIFE) INDUSTRY USUAL RESIDENCE IS NURSING HOME ON OTHER INSTITUTION OF RESIDENCE BEFORE ADMISSION) J. STREET ADDRESS / ZIP CODE J. MOTHER'S MAIDEN NAME J. MODILE J. MODILE J. MOTHER'S MAIDEN NAME J. MODILE J. MOTHER'S MAIDEN NAME J. MODILE J. MOTHER'S MAIDEN NAME J. MODILE J. MOTHER'S MAIDEN NAME J. MODILE J. MOTHER'S MAIDEN NAME J. MODILE J. MOTHER'S MAIDEN NAME J. MODILE J. MOTHER'S MAIDEN NAME J. MODILE J. MOTHER'S MAIDEN NAME J. MODILE J. MOTHER'S MAIDEN NAME J. MODILE J. MOTHER'S MAIDEN NAME J. MODILE J. MOTHER'S MAIDEN NAME J. MODILE J. MOTHER'S MAIDEN NAME J. MODILE J. MOTHER'S MAIDEN NAME J. MODILE J. MOTHER'S MAIDEN NAME J. MODILE J. MOTHER'S MAIDEN NAME J. MODILE J. MOTHER'S MAIDEN NAME J. MODILE J. MOTHER'S MAIDEN NAME J. MODILE J. MOTHER'S MAIDEN NAME J. MOTHER'S MAIDE

DATE OF OPERATION 196. CONDITION FOR WHICH OPERA			N WAS PERFORMED	20e AUT	OPSY?	206. IF YES, WERE FIN	
				YES [NO	YES 🗌	NO [
210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY		21c. HOW INJURY OCCU	RRED (ENTER N	ATURE OF INJU	RY IN ITEM TO PART I OF PART	2)
OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH D	AY YEAR					
(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	19					
ALL BLUDY OCCUPRED	21 DIACE OF BUILDIN		211 LOCATION				

MEDICAL COUNTY STATE CITY OR TOWN AT HOME STREET, FACTORY, OFFICE, FARM, ETC) STREET NOT WHILE

ottended the deceased from 22a I certify that (I) and that in (my) (our) opinion death occurred on the date and hour and Irom the causes stated DEGREE 22c. DATE SIGNED

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS

SHERER HOS p. MD.

23a BURIAL, CREMATION, REMOVAL 23b. DATE

23c. NAME OF CEMETERY OR CREMATORY ARBUTUS MEM

23d LOCATION

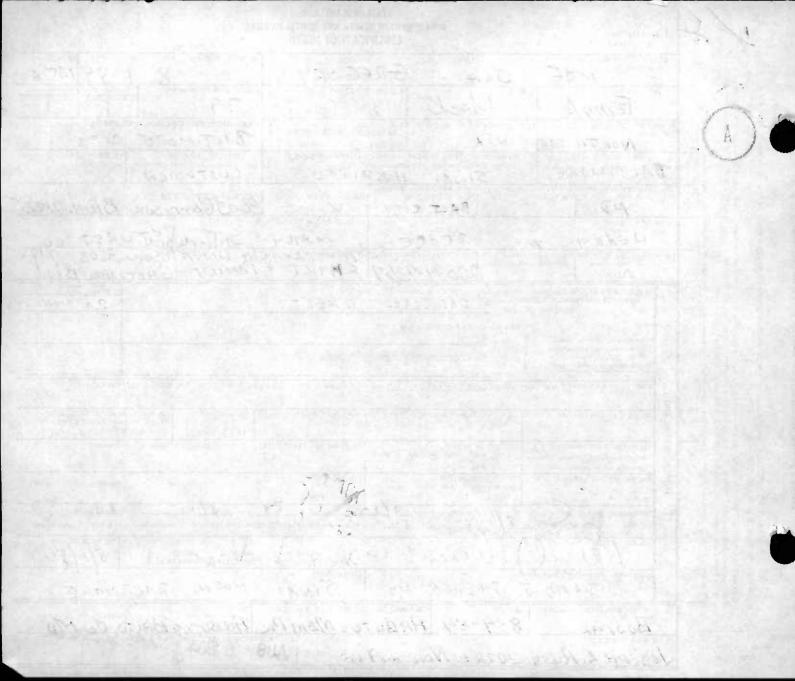
BURIAL 24 FUNERAL DIRECTOR LESEPH L. RUSS 2022 WORTH AUE

25s. DATE REC'D. BY REGISTRATION PLEGISTRATION

DHMH - 16 50M 4/83

BP.

(VRA 15, 4)



initiate has been ugned by the ottending physician and completely filled in by the human advantagement from please remove corbon papers. Pages 1 and 2 should be filed within 72 mention, or removal.

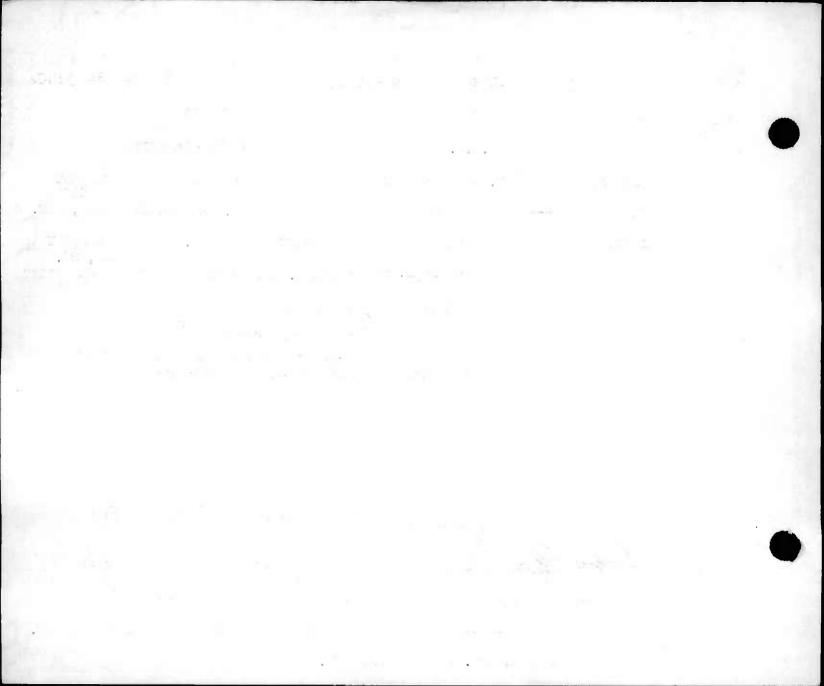
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENP

١ -	REGISTRAR			CERTIF	CATE OF DEATH	REG. N	0.		
	CEASED NAME FIRST		MIDDLE	LA	AST	20 DATE OF DEATH		DAY YEAR 2	h HOUR
(TTPE	ALICE	EYR	E	GRIM	ES		8 2	4 84	9:40am
SE	The second secon	4 RACE		5. DATE O		6. AGE IN YEARS LAST BI		IF UNDER 1 YEAR	F UNDER 24 HRS
	FEMALE	WH	ITE	10	22 05	78	YRS.	DATS P	MIN.
ВІ	IRTHPLACE STATE OF FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.	NEVER MARRIED	9 BALTIMORE CITY	R COUNTY	OF DEATH	
	ARYLAND	U.	S.A.	WIDOWE		BALTIMOR	E CITY	7	MD
	ITY OR TOWN OF DEATH				R OTHER INSTITUTION	12a USUAL OCCUPAT		12b. KIND OF I	BUSINESS OR
В	BALTIMORE	(IF NOT IN SUCH FACILITY, GIVE STREET ST AGNES HO		HOSPITAL		INSPECTO			RMENT
	AL RESIDENCE (IF NURSING HOME STATE 113b, CO	OR OTHER INSTITUTION		E ADMISSION)	13d INSIDE CITY LIMITS?	13e STREET ADDRESS		21	1229
MA	ARYLAND .		BALTIMO		YES X NO	7 N. BEEC	HFIELD	AVENUE,	APT.
	ATHER'S NAME	MIDDLE	LAST		15 MOTHER'S MAIDEN NA	ME MIDDLE		LAST	
	JESSE	MIDDLE	EYRE		ALVERTA	E.		PARS	SLEY
	WAS DECEASED EVER IN U.S.	ARMED FORCES?	166 SOCIAL SECT	JRITY NO.	17 INFORMANT	ADDR	ESS PAS	ADENA, N	D.
(NO NO OK DAKAOWA) (IF TES.	GIVE WAR OR DATES	219-10	-5079	HOWARD V. GF	RIMES 13 BR	OOKFIE	LD ROAD	21122
	18. CAUSE OF DEATH (Enter	only one cause per	line for iai, thi, an	nd (c).)	. 0			APPROXIMA BETWEEN ON	TE INTERVAL
	PART I. DEATH WAS CAU	SED BY: IATE CAUSE (0)	(AFO	11310	Lton moi				
HICATION	PART 2 OTHER SIGNIFICAN				NOT RELATED TO THE TERM	TO AUTOPSYT	IN CERTIF	. WERE FINDING YING CAUSES O	
CERTIFIC	21a. ACCIDENT WAS ENDERFERING				2h HOW INJURY OCCUR	4-1			
173	OK-CONTRIBUTING [] CAUSE-OF	DEMINE CONTROL OF	M MONTH D	AY YEAR	Proceedings of the process of the pr				2(30), had.
MEDICAL			8.6	10					bol
	214 INJURY OCCURRED	21s.PLACE	OF INJURY	19	ZII LOCATION	70.363	225	Principle 1	tpol.
2	214 INJURY OCCURRED	21s.PLACE			ZII EOCATION	(HY ON THE	parts.	County	Liate
×.	PIN INJURY OCCURRED WITH THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF T	21s PLACE (st HOME ST	OF INJURY			t in Just	ue Dit	post	tool.
W	214 INJURY OCCURRED A mote was well with the house the deceased give	21s PEACE (st trosel str spital) attended the	OF ENJURY HELL, LACIDAR OFFICE OF BE discoord from 106	TARM TIET		L. Jus	W DK	10 1984 the	stati
W	214 INJURY OCCURRED Anne	21s PEACE (st trosel str spital) attended the	OF ENJURY HELL, LACIDAR OFFICE OF BE discoord from 106	4/ co	12/12 10 62	L. Jus	W DK	10 1984 the	uses thated
×	214 INJURY OCCURRED AT A DAY OF STATE	21s PEACE (st trosel str spital) attended the	OF ENJURY HELL, LACIDAR OFFICE OF BE discoord from 106	4/ co	d that in my (our) aprings	depth occurs of on the d	UE DIK ate and hou	10 1984 the	uses thated
×	214 INJURY OCCURRED AT A DAY OF STATE	21k PEACE (at HOME 31) spital) attended the sortion of the body	OF ENJURY HELL, LACIDAR OFFICE OF BE discoord from 106	4/ co	d thorn (my) (out) opinion	death occur of on the d	UE DIK ate and how VE CIAN []	10 1984 the	Units or (II (we) for
2	21d INJURY OCCURRED Armost Supplement Standard	21k PEACE (at HOME 31) spital) attended the sortion of the body	OF ENJURY HELL, LACIDAR OFFICE OF BE discoord from 106	4/ co	d thann (my) (our) aprings DEGREE ATTENDING PHYSICIAN	depth occur of on the d	UE DIK ate and how VE CIAN []	10 1984 the	Units or (II (we) for
0	214 INJURY OCCURRED AT A DAR DESCRIPTION OF STANDAR TO SHAPE STANDAR DESCRIPTION OF STANDAR TO STANDAR THE PRESIDENT OF STANDARD THE PRESIDENT OF S	21s. PEACE (in record structure) strended the connection of the body strended the connection of the body strends of the body s	OF PAJURY HELLACIDIO OFFICE A 196 Ther death	A an	d thomn my (our) opinion DEGREE ATTENDING PHYSICIAN THE ADDRESS 4713 HEPSCRITCO	depth occur of on the d	UE DIK ate and how VE CIAN []	10 1984 the	Usate or (II (we) fool over, chirtied
23a. I	THE LESSING THE DESCRIPTION OF THE PHESS AND SNAME (IN PRESS AND S	21s PEACE (at record strength of the body	OF PAJURY HELLACIDE OFFICE Theredeput	NAME OF C	d thousan imy (our) aprince DEGREE ATTENDING PHYSICIAN [121 ADDRESS 4713 HESCOTO EMETERY OR CREMATORY	death occur of on the d	IF DK ate and hou IF CIAN [] F -2(2)	ond from the co	state
73a. (THE LESS OF THE PROPERTY OF TH	21s. PEACE (in record structure) strended the connection of the body strended the connection of the body strends of the body s	OF PAJURY HELLACIDE OFFICE Theredeput	NAME OF C	d that in the property of the	depth occur of on the depth occur of on the depth occur of on the depth occur of on the depth occur of the depth occur occur of the depth occur occ	CIAN CIAN CIAN CIAN CIAN CIAN CIAN CIAN	ond from the co	to the form of the
23a. 1	THE LESSING THE DESCRIPTION OF THE PHESS AND SNAME (IN PRESS AND S	21s PEACE (at record strength of the body	OF INJURY HELLIACIDIN OFFICE THE decid office The decid. 7-84 ADDRESS	NAME OF C	d that m my (our) aprings DEGREE ATTENDING PHYSICIAN [THE ADDRESS ATTENDI	death occur of on the d	CIAN CIAN CIAN CIAN CIAN CIAN CIAN CIAN	ond from the co	usate of the period of the per

DHMH - 16 50M 4/83 (VRA 15, 4)

10 FUNERAL DIRECTOR A should be detached for use with the State Dept, of these MPORTANT, If Ibum 21 is



1	-	FOR STATE REGIS	TRA
D	EC	EASED	NA

tor, page 3 ofter death

and campletely filled in by ages 1 and 2 should be file

executed

ATTENDING PHYSICIAN: The low requires that the death certificate be

STATE OF MARYLAND

1.	FOR - STATE REGISTRAR	DEPAR		ATE OF DEATH	REG	10		
	CEASED NAME FIRST BURKE	WIDDLÉ	GR	022	20 DATE OF DEATH	NONTH DAY	YEAR GU	26 HOUR
3. SE		4. RACE	S DATE OF		6. AGE (IN YEARS LAST BE	10	DER I YEAR	IF UNDER 24 HRS
3. 32	Male	Black	MONTH 2	10 18 98	85	YRS	S DAYS	HOURS MIN.
Jo. B	OUNTRY)	76 CITIZEN OF WHAT COUNTRY	Y? 8 MARRIED	NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY OF	DEATH	
1	og laimore 1110	US 17	WIDOWED		6777	1011	W 10 01	MD.
B	11 OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRE	EET ADDRESS)	4/6nd	12ª USUAL OCCUPAT TYPE OF WORK FOR MOST	OF WORKING LIFE)	NDUSTRY	F BUSINESS OR
130	STATE 13b. COUN	13c. CITY OR TO	POR	H INSIDE CITY LIMITS?	130. STREET ADDRESS 530 N.	ZIP CODE	r St	21223
IL F	ATHE S NAME FIRST	MIDDLE 600S	5	6000 MA	ME		6 9 9 1	BAYS
			CURITY NO. 1	7 INFORMANT	ADDR	RESS	30	nl. c
	M KNOWN (IF YES, GIV	E WAR OR DATES) 212-0,	9-6749	FLORENC	E GRE	SS 3	2416	contrust
		ly one couse per line for (o), (b),	ond icilia				BETWEENO	MATE INTERVAL
	PART I. DEATH WAS CAUSE	D BY: COND	- /	ingry Alles	st			
15	MACON	DUE TO, OR AS A CONSEC	DIENICE OF					
	Conditions, if any, which	(b) Chan	. / .	na DISPS	se			
	gove rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEC	LIENCE OF					
	underlying cause last.	(c)	OLINCE OF	~				- 1-
NO	PART 2. OTHER SIGNIFICANT (CONDITIONS CONTRIBUTING TO	O DEATH BUT N	OT RELATED TO THE TERM	AINAL DISEASE OR COM	NDITION GIVEN IN	V PART 110	∜ ₽.
CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHIC	CH OPERATION	WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WE IN CERTIFYING YES		
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	1 1100100 4 11 11001001		TIL HOW INJURY OCCUR	RED (ENTER NATURE OF INJ	URY IN ITEM TE PART I	OR PART 2)	
MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER	P.M.	19				-0	
MED	21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIC		STREET	CITY OR T	OWN	COUNTY	STATE
	AT WORK AT WORK		- 0 1	6			2	
	22a I certify that (I) (this haspi sow the deceased alive on	tol) attended the deceased from	0	5 19 84 that in (my) (our) opinion		19_ 19_		that (I) (we) last
10	above, (I) (we) (did) (did no	t) view the body after death.			deoth occurred on the c		22c. DATE	
	22b. SIGNATURE		DE	GREE ATTENDING	MEDICAL STA	AFF \	THE DATE	SIGNED
	X Call L	ligh ND		PHYSICIAN [DIRECTOR PHYS	CIAN	8/2	1/2/
	S 1/5D.	R PRINT)		UNIV. of MO	aryland Hosp.	Balto. 1	nt a	21201
		ray MD	NAME OF SS				-	
230	BURIAL, CREMATION, REMOVAL	1236. DATE 4-84 123	1171.T	METERY OR CREMATORY	23d LOCATION	con con	UNTY	STATE
74 1	FUNERAL DIRECTOR	10-21071	TUBUL	MACHINA PACINA	TE REC'D. BY REGISTRA	RISS REGISTRAR	SSIGNATI	URF
D	NAME ITHE	THE GIANTODRES	TIMORE	ST. O.T. Al	IG 2 2 1984	2.1: K.	1 7	Darlo Do
L	THE THE SO	ALTO ONL	-imore	Sireell	2 2 2	- time totto	43014-1	- Interest

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and car should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remaval.

[MAPORTANT: If Hem 21 is marked or them 18 shows any injury, or other traumatic event, the medical is provided to the provided to retained by the haspital or attending physician TO HOSPITAL

DHMH - 16 50M 4/83 (VRA 15, 4)

BURKEN GREET A 700 BY 65 B. Hope MD USA 12 10 1988 85 But more Universely at Maryland Petited Marked Rellmore Pathorax X 530 10 Sections 50 Green Jeck Bross Green Heaving 691 RIVE WHINSON STRUMP FORENCE GROSS ESTABLES Corda polinia my Perist Chron Lung Dismise 20 1 2 Cal 2 Pert Buyens State as State as since

FOR - STATE

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

	REGISTRAR				CERTIF	ICATE OF	DEATH		REG, NO).		
	CEASED NAME	E IRST		MIDDLE	t	AST		20 DATE C	F DE ATH		OAY YEAR	26. HOUR
(1117	CORPRINT)	JERO!	ME	D	GR	OSS		AUGI	ו מצו	19	84	10:17
3 SE	X		4 RACE		5. DATE C	OF BIRTH			YEARS LAST BIRT		IF UNDER 1 YEA	
	Male		BI	lack	2		1898	۶	36	YRS.	MONTHS DAY	S HOURS MIN.
7a B	IRTHPLACE (STATE	OR FOREIGN		WHAT COUNTRY?							Y OF DEATH	
	arvland		U.S.	Α.	WIDOWE		NORCED	BA	LTIM	ORE	CITY	MD
10 C	ITY OR TOWN OF	DEATH	11. NAME OF	HOSPITAL NURSIN	G HOME C	OR OTHER IN	NOITUTITE		OCCUPATK			OF BUSINESS OR
В	ALTIMOR	E	THE	JOHNS HO	PKIN	S HOS	PITAL	(TIPE OF WO	KK FOR WOST OF	WORKING [INDUSTR	1
	AL RESIDENCE (# N	IURSING HOME OF		GIVE RESIDENCE BEFORE		# 124 INISIDE	CITY LIMITS?	12. STDEET	ADDRESS /	710 COD	VE.	
	aryland	130 000	111	Baltim		YES X	NO 🗌	1207				t.21202
14. F.	ATHER'S NAME		WIDDIE	(AST		15. MOTHER	'S MAIDEN NAM		WIDDIE			
1	James		MIDDLE	Gross		Ma	rv		MIDDLE		Broo	ks
	WAS DECEASED EV			166 SOCIAL SECU	RITY NO.	17. INFORM			ADDRE	SS		
	(YES NO OR UNKNOWN)	↑# YES, GI	VE WAR OR DATES)	217-01-	0388	Mary	Gross	1207	East	t Pr	eston	Street
	18 CAUSE OF DE	ATH (Enter or	nly one couse per	line for (a), (b), one							APPRO	OXIMATE INTERVAL N ONSET AND DEATH
ı	PART I. DEATH			INTRABIDO	SUNA	- 8-	es . C	Asmic	Les	ien	4.5	- 421
!	1	IMMEDIA		177					CUNU	6		
	Conditions, if a	ny which	(r as a conseoue	NCE OF							
	gove rise to	immediate	(6)									
	underlying ca		DUE 10, O	R AS A CONSEOUE	NCE OF							
	PART 2 OTHER S	IGNIFICANT	CONDITIONS CO	ONTRIBUTING TO E	EATH BUT	NOT RELATE	D TO THE TERMI	NAL DISEA	SE OR CONE	DITION GI	VEN IN PART	lia:
S S												
CERTIFICATION	190 DATE OF OPE	RATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERF	ORMED	20a AUT	OPSY?		S, WERE FIND	
Ę	8/1/84		استرم	אין הפתמא	R	HUN		YES	NOIY		ES	ES OF DEATH?
E E	210. ACCIDENT WAS	-	216 TIME C	F INJURY			NJURY OCCURR	ED (ENTERN	ATURE OF INJUR	Y IN ITEM 18	PART I OR PART 2)
	OR CONTRIBUTING (AIH	.m. month da .m.	AY YEAR							
MEDICAL	21d INJURY OCC		21e PLACE	OF INJURY		211 LOCAT			CITY OR TO	A/5-1	COUNTY	STATE
Σ	WHILE NO	WHILE WORK	(AT HOME ST	REET EACTORY OFFICE F	ARM ETC	2185			CITYONTO		200.117	31411
	22a I certify that	(1) (this hosp	ital) ottended th	ne deceased from_	ナルシセ	31	. 19_84	to	1 24		19 84	, that (I) (we) lost
l	sow the dece	eosed olive on	ot) view the body	ofter death	. 01	nd that in (my	() (our) opinion d	leoth occurr	ed on the do	te and ho	ur and Irom th	ne couses stated
ı	226. SIGNATURE	er (ala) (ala ne	or, view the body	Oliver deolin.		DEGREE					22c DA1	TE SIGNED
	$ \wedge $	_	4	1		_MD	ATTENDING PHYSICIAN	MEDICAL			8/	1/84
1	22d. PHYSICIAN'S	NAME (TYPE (OR PRINT)			22e ADDRE		WOLE			LTO.	MD.2120!
	NICHOL	26	. s-	ionter	MD	THE	406	,,	topkin		+0/cita	
	BURIAL, CREMATIC		23b. DATE	23c. N		EMETERY OR	CREMATORY	23d 1OC	ATION			
	BURIAL		8/6/8	34 Ga	rris	on Fo	rest V	A Owi	nas 1	Mill	COUNTY	Md .
24 F	UNERAL DIRECTOR	2					25a DATE	REC'D BY	REGISTRAR	25h REGIS	TRAP'S SIGN	

DHMH - 16 50M 4/83 (VRA 15, 4)

TO HOSPITAL OR ATTEN

BP

TO FUNERAL DIRECTOR, after this certificate has been signed by the ottending should be detoched for use as the buriol-transit permit. Then please remove corpor with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or remiMPORTANT: If them 21 is marked or them 18 shows any injury, or other troumatic many.

Wm C March F/H Inc. 1101 E North Avenue AUG

2 984 Julia Davidson-Rondoll.



STATE OF MARYLAND FOR STATE REGISTRAR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. N	10.			
2a. DATE OF DEATH	MONTH	DAY	YEAR	2b HOUR
AUGUST	31	15	984	8:50R.1

_							REO. I			T-	
	PE OR PRINTI	FIRST		MIDDLE		LAST	20. DATE OF DEATH	MONTH	DAY YEAR	26 HOU	JR
		OLIVE	R	GRO	SS		AUGUST	31	1984	8:	50R
3. S	EX		4 RACE			OF BIRTH	6 AGE (IN YEARS LAST BE	RTHDAY)	IF UNDER I YEAR	# UNDER	
1	Male		Negro		Oct		55	YRS.	MONTHS DAYS	HOURS	AA see.
7a 1	BIRTHPLACE (STATE OR	FOREIGN	76. CITIZEN OF	WHAT COU	INTRY?		9 BALTIMORE CITY		Y OF DEATH		
	Maryland		USA		MARRI	ED MEVER MARRIED DIVORCED D	Baltimo	ty	126 KIND OF BUSINESS O		
	Baltimore		Church	H FACILITY, GIV	Hospita		170 USUAL OCCUPAT (TYPE OF WORK FOR MOST Boat Oper				
	UAL RESIDENCE (# NUR STATE Maryland		other institution TY vert	I30 CITY O		13d INSIDE CITY LIMITS? YES NO X	13e STREET ADDRESS P.O. Box		E 2	20657	7
14.1	FATHER'S NAME FIRST Orie	٨	AIDDLE		AST OSS	15 MOTHER'S MAIDEN NA Martha	WIDDIE		Coates	3	
60	WAS DECEASED EVER			16b. SOCIA	L SECURITY NO.	17 INFORMANT	ADDR	ESS			
	(YES, NO OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES)	213-	24-4066	Tyrese Gross	P.O. B	ox 10	4. Lusby	. Mo	1
-	18 CAUSE OF DEA	PH (F As and				1 = 1 = 0 = 0				MATE INTE	RVAL
	PART I. DEATH V	VAS CAUSEI	D BY:	line for lot,		RACHMOID HEN	MODDACE		BETWEEN	UNSET AND	DEATH
		IMMEDIAT	E CAUSE (o)		SUDA	KACHMOID HER	TORRAGE				
					ICE OUT NICE OF						
			DUE 10, O	R AS A CON	SEQUENCE OF HIGH	BLOOD PRESS	SHE				
	Conditions, if ony		(b)_		111.011	PHOOD INTER	30103				
	gove rise to im couse (a), stati		DUE TO, O	R AS A CON	SEQUENCE OF						
	underlying cous-	e lost	((c)								
_	PART 2 OTHER SIG	NIFICANT C	ONDITIONS C	ONTRIBUTIN	NG TO DEATH BL	IT NOT RELATED TO THE TERM	MINAL DISEASE OR COM	NDITION GI	VEN IN PART 1	0	
CERTIFICATION											
3	190 DATE OF OPERA	VION	19b. COND	ITION FOR	WHICH OPERATI	ON WAS PERFORMED	20a AUTOPSY?		ERE FINDINGS USED G CAUSES OF DEATH?		
1 =							YES NO X	Y	ES 🗍	NO [
	21g. ACCIDENT WAS UN		21b. TIME C		TH DAY YEA	21c HOW INJURY OCCUR	RED (ENTER NATURE OF IN)	URY IN ITEM 18	PART I OR PART 2)		
S	(IF EITHER NOTIFY MED	ICAL EXAMINER		Μ.	19						
MEDICAL	214 INJURY OCCUP	RRED		OF INJURY	OFFICE, FARM, ETC.)	211 LOCATION	CITY OR T	OWN	COUNTY		STATE
>	WHILE NOT W	THILE DRK	(W. Monte, St	Meer, I Heromi,	Office, rami, ere j	The state of the state of					
	22a.1 certify that (I		ottended th	e deceased	from AIICII	ST 26 19 84	to AUGUS!	77	19 84	that (I)	We for
	sow the decea obove, (I) (we)	The second second				and that in (my) Our opinion	death occurred on the	date and ho	ur and from the	couses st	ated
1	22h SIGNATURE		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			DEGREE			22c. DATE	SIGNED	
	A-R	Nac	sem	n' p	1.12	ATTENDING PHYSICIAN (MEDICAL STA	AFF ICIAN X	8/3	1/8	4
1	22d PHYSICIAN'S N	AME (TYREO	PRINT)		1/4.15	22e ADDRESS CHUI	RCH HOSPI	TAL C	ORPORA	OITA	N
	ATA	OLLA	F. N	AZEMI		100 NORTH					
23a	BURIAL, CREMATION	, REMOVAL	23b. DATE		23c. NAME OF	CEMETERY OR CREMATORY	23d. LOCATION		COUNTY		STATE
	Burial		Sept.	4-84	St. Jo	hns Chr. Cem.	Lusby	C	alvert		Md

Box 31, Prince Frederick, Md

DHMH - 16 50M 4/83 (VRA 15, 4)

24 FUNERAL DIRECTOR

Spencer E. Sewell

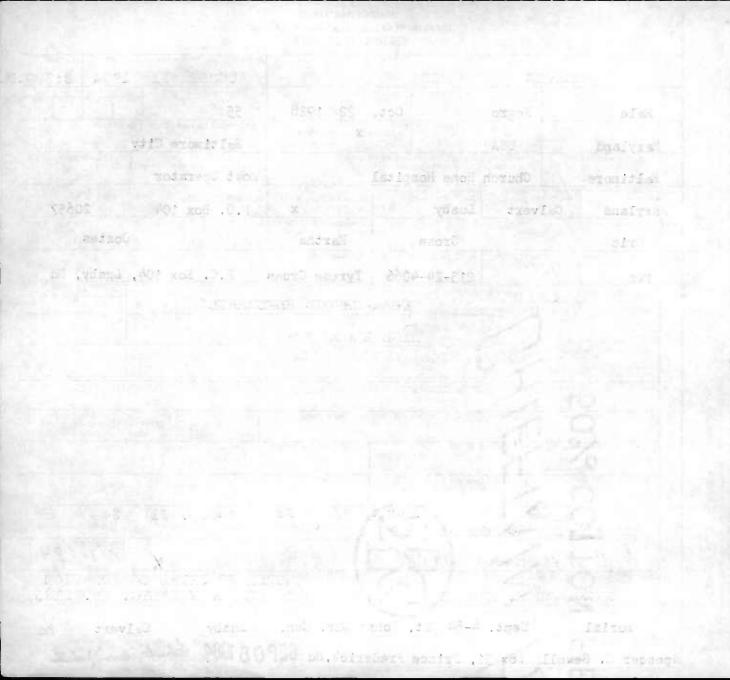
BP.

injury, ar ather troumotic event, th

should be detoched for use as the buriol-transit permit. Then please remove carbanpape with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal. MPORTANT: If them 21 is marked or them 18 staws any injury, or other troumotic event, the

certificate has been signed by

TO FUNERAL DIRECTOR: After this



DHMH - 16 50M 4/83

(VRA 15, 4)

32	STATE OF MARYLAND 1 - STATE REGISTRAR STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH CERTIFICATE OF DEATH REG. NO.									1384		
	1. DECEASED NAME FIRST (TYPE OR PRINT) JOHN			MIDDLE LAST			20 DATE OF DEATH	MONTH DA		2h HOUR		
				Α.	GRUBI		8	21	84	2:55A		
)	3. SE					F BIRTH YEAR	6 AGE IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.		
				White Nov.		3, 1936	47					
24		IRTHPLACE (STATE OR FOREIGN		CITIZEN OF WHAT COUNTRY?		D X NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH					
21		MD		JSA	WIDOWE		re City NO NO 125 KIND OF BUSINESS O					
14	10 C	Baltimore	(IF NOT IN S	JCH FACILITY, GIVE STREE	ET ADDRESS)	al Hospital	128 USUAL OCCUPAT (TYPE OF WORK FOR MOST O Guard	INDUSTRY	urity			
most be	13a S	MD	ME OR OTHER INSTITUTIO COUNTY	n Give residence befo 13a. CITY OR TO' Baltir	WN	YES 🔀 NO 🗌		/ ZIP CODE dwood	d Ave., 21212			
	14. FA	ATHER'S NAME FIRST	MIDDLE	IAST		15. MOTHER'S MAIDEN NAM	MIDDLE			IAST		
N//U		John		Grubb		Cecelia	M.	Stubler				
a dico	, C		ES, GIVE WAR OR DATES)	1972		17 INFORMANT						
E /		100	orea							Same APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
ant, r		18 CAUSE OF DEATH (En PART I. DEATH WAS C	er anly one cause p AUSED BY:	one cause per line for (a), (b), and (c), BY:						1111		
ic ev		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage								10413		
E		DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which () (b)										
THE REAL PROPERTY.		gave rise to immedia couse (a), stating the underlying cause las	DUE TO	DUE TO, OR AS A CONSEQUENCE OF								
0		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN										
	Z O											
1	CERTIFICATION	19a DATE OF OPERATION	19b CON	196 CONDITION FOR WHICH OPERATION WAS PERFORMED				200 AUTOPSY? 200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?				
00	ERT	71g. ACCIDENT WAS UNDERLYIN	G 🖂 21h TIME	OF INJURY	211	121c. HOW INJURY OCCURR	YES NO NO	YES	-	NO 🗌		
9		OR CONTRIBUTING CAUSE	OF DEATH HOUR	A.M. MONTH		THE TOTAL WAS AN OCCUR.	LE TENTER MATURE OF 11410	RT IN TIEM TO PAR	TTORPART 2)			
1/	MEDICAL	(IF EITHER NOTIFY MEDICAL EXA		P.M. E OF INJURY	19	211 LOCATION						
0	ME	WHILE NOT WHILE AT WORK	[AT HOME S	TREET, FACTORY OFFICE	E, FARM, ETC 1	STREET	CITY OR TO)WN	COUNTY	STATE		
i i		22a certify that (I) (this hospital) ettended the deceased from \$120 19 87 , to \$121 19 87 , that (I) We										
		saw the decrease give an 19 3 , and that in (my) (our) opinion death accurred on the date and have and from the causes sta above, (I) (ve) (did) did not; view the body ofter death.										
,		22b. SIGNATURE	26	his	MI		MEDICAL STA		8/2	SIGNED 1/84		
7		220 PHYSICIAN'S NAME	d PRINT	onald/I	Wish	Union M	on Memor	ial Hos		a)		
-		23a BURIAL, CREMATION, REMOVAL 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (SPECIFY)								STATE		
_	Burial 8/23/84 St. M					Mary's	Balto.,		COUNTY	MD ^{STATE}		

21212

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

lia Lavidson-Randalle

Balto., MD

14 FUNERAL DIRECTOR Henry W. Jenkins & Sons Co.

4905 York Road

Table on the state of the state The state of the s TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 12 hawith the State Dept. of Health and Mental Hygiene prior to burial, cremotion, or removal.

IMPORTANT: If Hem 21 is morked or Item 18 shows any injury, or other troumatic event, the medical

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1.	FOR STATE REGISTRAR			DEP	ARTMENT OF H	EALTH AND N		ENE -	REG. NO.	213	38	5	
	6en	e Vi	TEAE	T.	S. DATE C			20. DATE OF D	08	DAY IF UNDER	YEAR 84	26 HOUR 3/45 PM IF UNDER 24 HRS	
Female White					MONTH DAY YEAR 2/			6.2 YRS MONTHS DAYS HOURS					
70 BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT					NTRY? 8.	D NEVER M	ARRIED 🛣						
N.Y. U.S.A.					WIDOWE		ORCED	BALTIMORE CITY MD.					
10. CITY OR TOWN OF DEATH 11. NAME OF HOSPIT					STREET ADDRESS)			120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) SUPERVISOR CLOTHING CO					
USU	BALTIMORE AL RESIDENCE (IF NURSING	HOME OF OT	HER INSTITUTION	GIVE RESIDENCE	BEFORE ADMISSION)		CEN.			CI	OI	HING CO.	
130.5	MD.	COUNT		13c. CITY OR BALTI			NO 🗆		RAMON	A AVE	. :	21213	
14. FA	THER'S NAME BOLESLAW		ODLE G	RYNIE			MAIDEN NAM		MIDDLE	ľv	MIELKO		
16a V	VAS DECEASED EVER IN (1900)		ED FORCES? VAR OR DATES)	123.50	SECURITY NO. .4-3744	PAUL		H 6717	ADDRESS Harfo	rd Rd		21234	
NOI	PART 1. DEATH WAS CAUSE (a) IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a)										0		
CERTIFICATION	19a. DATE OF OPERATION 19b CONDITION			ITION FOR W	WHICH OPERATION WAS PERFORMED						WERE FINDINGS USED ING CAUSES OF DEATH?		
MEDICAL CERT	210. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS (IF EITHER NOTIFY MEDICAL B 21d. INJURY OCCURRED WHILE AT WORK AT WORK	SE OF DEATH EXAMINER)	P. 21e PLACE	M. MONTH M. OF INJURY	TH DAY YEAR 19			ED (ENTER NATURE OF INJURY IN ITEM 18 PART : OR PART 2) CITY OR TOWN COUNTY STA			STATE		
	27a. I certify that (1) (this hospital) attended the deceased from \$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\										that (1) (we) last couses stated SIGNED 8/84 (eyfer,		
23a (BURIAL, CREMATION, REA	MOVAL	23b. DATE 8/22	/84	Garden		rematory 'aith	23d. LOCATI	Ttimo:	ce count	γ	Md STATE	

retained by the hospital or attending physician

DHMH - 16 50M 4/82 (VRA 15, 4)

3331 Brehms Lane, Balto Md. 21213

250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE

The same of the sa

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIEND

44

1 3 3 0

100	REGISTRAR				CERTIF	ICATE OF DEA	TH	REG. N	0.			
I DEC	OF PRINT	eđeri	ck (Jin S.	Gund	ling	Sr.	20 DATE OF DEATH	нтиом Ди	IZ 8	YEAR	TO HOUR
3. SEX	HALE	4	RACE WI	nite	S. DATE C	M DAY	ම්ම	6. AGE (IN YEARS LAST BIR	YRS		DAYS	IF UNDER 24 HRS.
5 _{Mi}	RTHPLACE (STATE ORI		CITIZEN OF	2	MARRIE		CED 🗌	9. BALTIMORE CITY O	ore	Cit	У	MD.
В	altimore	1	(IF NOT IN SUC	J. OF	TREET ADDRESS)	OR OTHER INSTITUT	ION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST O Master Me	OF WORKING	HEEL INDL	JSTOV	dden Pr
Ma. S	aryland	13P CULIVIA	Arundel	13c CAA US I	Surnie		K	13e.STRFFT ADDRESS 412 N Sti			Ε.	21061
	THER'S NAME FIRST		A.	GINDL	146	15. MOTHER'S MA		ME MIDDLE ADDR		00	le las	ī
	VAS DECEASED EVER ES, NO OR UNKNOWN) NO		MED FORCES?	212/05	5/8287	Mrs. Cat	theri	ne C. Gund			/ -	Same as 1
	18 CAUSE OF DEAT PART I. DEATH W	H (Enter only (AS CAUSED IMMEDIATE	BY:		Pulled	sey area	-ST					ONSET AND DEATH
	Conditions, if ony, gove rise to imm cause (0), static underlying couse	mediate ng the	(b)_	R AS A CONSI	SEPIAL EQUENCE OF	INFARCTI	al		H		- 5	DAYS
NO			ONDITIONS CO	ONTRIBUTING				INAL DISEASE OR CON				
CERTIFICATION	19a DATE OF OPERA	TION	19b. COND	TION FOR WH	HICH OPERATIO	N WAS PERFORME	D	20a AUTOPSY? YES NO		YES, WERE TIFYING C. YES []		NGS USED OF DEATH? NO
MEDICAL CER	210. ACCIDENT WAS UNION CONTRIBUTING 1 (IF EITHER, NOTIFY MEDI 21d. INJURY OCCUR! WHILE 1 NOT WAS AT WORK	CAUSE OF DEAT	P. 21e. PLACE	M. MONTH M.	DAY YEAR 19 FICE, FARM, ETC.)	21c HOW INJUR	Y OCCURP	RED (ENTER NATURE OF INTU	24	COU		STATE
	22a 1 certify that (1) saw the decease above, (1) (we) ((this hospite	AIGHST	12	624	nd that in (my) (our	o Dinion	to Never death accurred on the d		nour and Ire	om the	
			iller, t	U>		PHY!	NDING SICIAN [MEDICAL STA	CIAN X		3/15	SIGNED 184
	Witchell					1220 ADDRESS	-	UD Itspital	22	2 Sc. 6	D Z	urd urd
	URIAL, CREMATION, SPECKY) Burial	REMOVAL	236. DATE Aug. 16			EMETERY OR CREATION		23d LOCATION CHYORTOWN Brooklyn			1.	Md.
	ingleton F	1 11 7	Home	Glen	Burnie,	Md.	AUI		255 REG	ISTRAR'S S		fandelle.

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and coshould be detached for use as the burial-transit permit. Then please remove carbon popers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, or removal.

etained by the haspital or attending physician.

injury, or other troumatic event,

IMPORTANT: If Item 21 is marked or Item 18 stor

MA THE LANGUAGE TO THE STATE OF metric described the section of F-MUNICIPAL STATE TO FUNERAL DIRECTOR: After this certificate hos been signed by the attending physician and completely filled in by the funeral director, should be detached for use as the burial-transit permit. Then please remove carbon popers. Pages 1 and 2 should be filled within 72 hours offer with the State Dept of Health and Mental Hygiene prior to burial, cremotion, or remayol.

TO HOSPITAL OR ATTENDING PHYSICIAN, The law requires that the death certificate be executed within 24 hours after death. Page retoined by the hospital or attending physician.

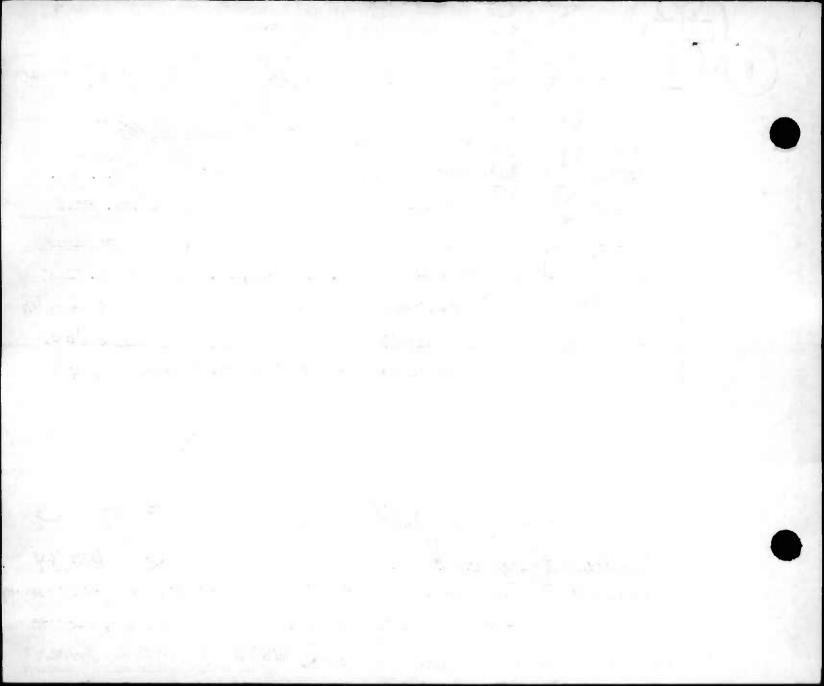
	STATE OF MAKTLAND
FOR	DEPARTMENT OF HEALTH AND MENTAL HYGIEN
- STATE	CERTIFICATE OF DEATH
	CERTIFICATE OF DEATH

REG. N	10.			
20. DATE OF DEATH	HTMOM	DAY	YEAR	26. HOUR
	0.	77 -	QU	1,30

	REGISTRAR				REG. NO.	
	ECEASED NAME	FIRST	MIDDLE	LAST	20. DATE OF DEATH MO	ONTH DAY YEAR Zb. HOUR
(1177	WI	lliam	R.	Gunter:	5R. 8	3-7-84 1130 AN
3. SE	EX	4 RACE		5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHD	
	HALE	W.	HITC	MOMPH BAY 2 YEAR	64	YRS DAYS HOURS MIN.
70. B	BIRTHPLACE (STATE OR F	OREIGN 76. CITIZEN OF	WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR	COUNTY OF DEATH
5	MARYTAND		USA	WIDOWED DIVORCED	D BALTIM	ME CITI
10. C	CITY OR TOWN OF DEA	TH 11. NAME OF	HOSPITAL, NURSIN	G HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	
5	BALTIMORE	Good	Samaritan	Mospital	Retired	р. С. & Д.
	STATE	ING HOME OR OTHER INSTITUTION			2 13e STREET ADDRESS / Z	IP CODE
	TIARYLAND		BALTITOR IOW	IES [] NO []		iii Ave. 21206
14. F/	ATHER'S NAME	WIDDLE	LAST	15. MOTHER'S MAIDEN	NAME	LAST
	David		Gunter	Julia		Schreiner
	WAS DECEASED EVER	IN U.S. ARMED FORCES?	166 SOCIAL SECU	RITY NO. 17 INFORMANT	ADDRESS	
	Yes	WW 11	212-10-2	2419 Vm. R. Gu	nter, Jr. 265	Keeton Rd. 21227
	18 CAUSE OF DEATE	H (Enter only one couse pe	er line for (a), (b), and	d (cv)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
1	PART I. DEATH W	IMMEDIATE CAUSE (0)	CARD	IAC ARREST		5 mirrort
		DUE TO, O	OR AS A CONSEQUE	INCE OF		
	Conditions, if ony,		OR AS A CONSEQUE	P312		6 days
	gove rise to imm	nediote 1				
	couse (a), statin		OR AS A CONSEQUE	NCE OF		
	underlying couse		OR AS A CONSEQUE	COBETRUCTIVE	PUMONINEY D	STY (1) BEASER
7	underlying couse	lost.	CHRONIC	CORTRUCTIVE DEATH SUT NOT RELATED TO THE T		
TION	PART 2 OTHER SIGN	lost. (c)_	CHRONIC	DEATH BUT NOT RELATED TO THE T	ERMINAL DISEASE OR CONDIT	TION GIVEN IN PART 110
ICATION	underlying couse	lost. (c)_	CHRONIC	L OBSTRUCTIVE	Z00 AUTOPSY? 2	
RTIFICATION	PART 2 OTHER SIGN	VIFICANT CONDITIONS (ION 19b. CONI	CHRONIC CONTRIBUTING TO D	DEATH BUT NOT RELATED TO THE TO	200 AUTOPSY? YES NO	ON GIVEN IN PART 110. ON IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH? YES NO NO
L CERTIFICATION	PART 2 OTHER SIGN	1051. (c)	CHRONIC	DEATH BUT NOT RELATED TO THE TO OPERATION WAS PERFORMED 21c HOW INJURY OCC	Z00 AUTOPSY? 2	ON GIVEN IN PART 110. ON IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH? YES NO NO
	PART 2 OTHER SIGN 190 DATE OF OPERAT 210. ACCIDENT WAS UND OR CONTRIBUTING C	IDST. (c) NIFICANT CONDITIONS (C) IPID. CONI DERLYING (C) AUSE OF DEATH (AL EXAMINER)	CHRONIC CONTRIBUTING TO D DITION FOR WHICH OF INJURY A.M. MONTH DA	OPERATION WAS PERFORMED 21c HOW INJURY OCC	200 AUTOPSY? YES NO	ON GIVEN IN PART 110. ON IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH? YES NO NO
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	PART 2 OTHER SIGN 19a DATE OF OPERAT 21a. ACCIDENT WAS UND OR CONTRIBUTING CIFETHER, NOTIFY MEDIC 21d INJURY OCCURR WHITE WH	IDST. (c)	OF INJURY A.M. MONTH DA P.M. E OF INJURY TREET, FACTORY, OFFICE, FA	OPERATION WAS PERFORMED AY YEAR 19 211 LOCATION STREET	200 AUTOPSY? YES NO CURRED (ENTER NATURE OF INJURY II	FION GIVEN IN PART 110. FION GIVEN IN PART 110. FION CERTIFYING CAUSES OF DEATH? YES NO NO NOTE NO NOTE NO NOTE NO NOTE NO NOTE NO NOTE NO NOTE NO NOTE NOTE
	216. ACCIDENT WAS UND OR CONTRIBUTING (IF EITHER NOTIFY MEDIC AT WORK 220 L certify that (I)	IOS1. (c)	OF INJURY A.M. MONTH DA P.M. E OF INJURY TREET, FACTORY, OFFICE, FACTO	OPERATION WAS PERFORMED AY YEAR 19 211 LOCATION STREET	200 AUTOPSY? YES NO CURRED (ENTER NATURE OF INJURY II	FION GIVEN IN PART 110. FIDE IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH? YES NO NOTEM 18 PART 1 OR PART ?) FOR COUNTY STATE
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WEDICAL 73a.	Underlying couse PART 2 OTHER SIGN 190 DATE OF OPERAT 210. ACCIDENT WAS UND OR CONTRIBUTING CIFETINES (IF ETHER NOTIFY MEDIC 21d INJURY OCCURR WHITE NOTIFY MEDIC AT WORK 27d I certify that (I) sow the deception obove. (I) (we let the complete of the	IDST. (c)	OF INJURY A.M. MONTH DA P.M. E OF INJURY TREET, FACTORY, OFFICE, F. W after death 23(N	OPERATION WAS PERFORMED AY YEAR 19 211 LOCATION STREET DEGREE ATTENDING PHYSICIAN 22e ADDRESS	200 AUTOPSY2 YES NOW CURRED (ENTER NATURE OF INJURY II CITY OR TOWN Ton death accurred on the date MEDICAL STAFF DIRECTOR PHYSICIA PHYSICIA	TION GIVEN IN PART Tro- TOD. IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH? YES NO NO NOTE: NO NIEM 18 PART 1 OR PART ?) COUNTY STATE TO ONLY STATE TO ONLY STATE TO ONLY STATE

DHMH - 16 50M 4/83 (VRA 15, 4)

BALTO AUG 13 1984 June Davidson Andere



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the furnishould be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

attending physician.

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BP.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIEND

	1 -	REGISTRAR		CI	RTIFICATE OF DE	HTA	REG. 1	١٥.		
		CEASED NAME FIRST	BERT		HAGER	2	20. DATE OF DEATH	08	12 84	2b. HOUR
)	3. SE	nale	4. RACE		DATE OF BIRTH MONTH DAY 25	YEAR OS	AGE (IN YEARS LAST B	YR		HOURS MI
36		RTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	76. CITIZEN OF WHA	W		ORCED	9. BALTIMONE CITY Baltim		City	
12	B	ALTIMBRE	SIP NOT IN AUCH FACE	LTOJP	TAL of BI	ACTIM	170. USUAL OCCUPA TYPE OF WORK FOR MOST Under	OF WORKING	G (IFE) 12b. KIND C INDUSTRY Ins	of BUSINESS Gurance
35	13e. S	MA IS		CITY OR TOWN	YES -	NO 🗆	13e STREET ADDRESS	Bar 19 19	SBURY I	20 AD.
00	14. FA	THER'S NAME Charles Ha	ager	LAST	15. MOTHER'S	MAIDEN NAM Lanche			LAS	37
1	16a V	VAS DECEASED EVER IN U.S. YES, NO OR UNKNOWN) (IF YES, NO	ARMED FORCES? 16b. GIVE WAR OR DATES) 2	SOCIAL SECURITY	Onel	E. Hag	ger	Same		
		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	only one cause per line f	or (a), (b), and (c).	inivatori.	avv	eif.		APPROX BETWEEN	MATE INTERVAL ONSET AND DEAT
	CERTIFICATION	gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICAN 19a DATE OF OPERATION	IT CONDITIONS CONTR		whiche		And DISEASE OR COL		GIVEN IN PART 10	
2	RTIFIC						YES NO		RTIFYING CAUSES YES []	OF DEATH?
9	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAM)	DEATH HOUR A.M.	MONTH DAY	YEAR 19 21f LOCATION		ED (ENTER NATURE OF IN)			
2	WE	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FA	ACTORY, OFFICE, FARM, I	TC) STREET		CITY OR 1	OWN	COUNTY	STATE
		220. I certify that (I) (this has saw the deceased alive abave, (I) (we) (did) (did) (22b. SIGNATURE	on	19	, and that in (my) (o	TENDING		AFF	haur and from the	
1		Dr. MI		ISTER	22e ADDRESS		HOUP		Loft	salkin
		BURIAL, CREMATION, REMOV SPECIFY) Burial	Aug. 15,		of CEMETERY OR CE		Pikesvil	le, E	Balto. Co	STATE Md.
32		UNERAL DIRECTOR NAME tchell-Wiedef	eld Home		00 York Ro	4 4	REC'D. BY REGISTRA	R 25b. REG		

DHMH - 16 50M 4/82 (VRA 15, 4)

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE REGISTRAR			DEPART	CERTIF	FICATE OF DEATH		. NO.			
DECEASED NAME	FIRST		MIDDLE		LAST	20. DATE OF DEAT		I D	AY YEAR	26 HOUR
(TYPE OR PRINT)	MARY		INEZ	H	AILEY	August	31,	19	84	11:08p.
3. SEX		4. RACE		5. DATE (6 AGE (IN YEARS LAS	T BIRTHDAY)		IF UNDER TYEAR	
Female		Cauc.		08	12 1804	80	Y	rRS.	ONTHS: DAYS	HOURS MIN.
OUNTRY)	E OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY	? 8.	D NEVER MARRIED	9 BALTIMORE CIT	Y OR CO	UNTY	OF DEATH	
Virginia		U.S.A		WIDOW		Baltimo	re C	ity		MD.
Baltimor	e /	Church	Hospita	ET ADDRESS)	OR OTHER INSTITUTION	126 USUAL OCCUP TYPE OF WORK FOR MO Homema	ST OF WORK	ING LIFE		OF BUSINESS OR
USUAL RESIDENCE (# 130. STATE Mary land	13P CON	COTHER INSTITUTION NTY Ltimore	13c. CITY OR TO		YES NON	6583 St.			Avenue	21222
14. FATHER'S NAME FIRST		MIDDLE	LAST		15. MOTHER'S MAIDEN NA	ME	E		LA	ST .
Walter		-	Poo1		Ophelia	-			-	44
(YES, NO OR UNKNOWN		RMED FORCES? VE WAR OR DATES)	220-30-		Mr. Vernon Ha				rundel lains,	
Canditions, if	H WAS CAUSE IMMEDIA any, which	D BY: TE CAUSE (a)	R AS A CONSEQU	S UENCE OF	Septic Shock Gastric Fis					XIMATE INTERVAL ONSET AND DEATH
Canditions, if gove rise to cause (a), s underlying co	MWAS CAUSE IMMEDIA any, which immediate tating the ause last.	DUE TO, O DUE TO, O DUE TO, O (b) DUE TO, O	r as a consequ	UENCE OF		stula	ONDITION	N GIVE	N IN PART I	
Canditions, if gove rise to cause (a), s underlying co	H WAS CAUSE IMMEDIA any, which immediate tating the ause last. SIGNIFICANT	DUE TO, O DUE TO, O DUE TO, O CONDITIONS CO	R AS A CONSEQUE R AS A CONSEQUE ONTRIBUTING TO	S UENCE OF UENCE OF DEATH BUT	Gastric Fis	stula	20b. IN C	IF YES,	WERE FIND!	ia i
Canditions, if gove rise to cause (a), s underlying compared to the cause (b) PART 2. OTHER: 19a DATE OF OP August 21a, ACCIDENT WA	any, which immediate totaling the pause last. SIGNIFICANT OF THE TOTAL SUPPLY	DUE TO, O DUE TO, O (b) DUE TO, O (c) 196. CONDITIONS CO 197. COND 198	R AS A CONSEQUENCE ON TRIBUTING TO	UENCE OF UENCE OF DEATH BUT H OPERATION P FOR	Gastric Fis	Stula MINAL DISEASE OR CO 200 AUTOPSY? 710CET NOS	20b. IN C	IF YES, ERTIFY YES	WERE FIND!	INGS USED S OF DEATH?
Canditions, if gave rise to cause (a), s underlying of PART 2. OTHER: PART 2. OTHER: PART 2. OTHER: 19a DATE OF OP August 21a, ACCIDENT WA OR CONTRIBUTING (IF ETHER, NOTHY) 21d ITHER, NOTHY	H WAS CAUSE IMMEDIA ony, which immediate toting the ause lost. SIGNIFICANT (ERATION 18,19 CAUSE OF DE- MEDICAL EXAMINER	DUE TO, O DUE TO, O (b) DUE TO, O (c) CONDITIONS CO 19b. COND 19b. COND TIME ATM P. 21e. PLACE	R AS A CONSEQUENCE OF THE CONSEQ	UENCE OF DEATH BUT H OPERATIO PAY YEAR 19	Gastric Fis	Stula MINAL DISEASE OR C 208 AUTOPSY? J1 CEE NO S RED (ENTER NATURE OF	20b. IN C	IF YES, ERTIFY YES	WERE FIND!	INGS USED S OF DEATH?
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Canditions, if gave rise to couse tot, sunderlying countrying coun	H WAS CAUSE IMMEDIA ony, which immediate toting the puse last. SIGNIFICANT (ERATION 18,19 CAUSE OF DE- MEDICAL EXAMINER CURRED TO WHITE 1 (I) (this hasp teosed alive or e) (did) (did no	DUE TO, O DUE TO, O DUE TO, O CONDITIONS CO 19b. COND TOND T	R AS A CONSEQUENCE OF INJURY M. MONTH [M. M. OF INJURY REET, FACTORY, OFFICE de deceased from	UENCE OF UENCE OF DEATH BUT H OPERATIO Y FOR 19 FARM, EIC) 8-18	Gastric Fis INOT RELATED TO THE TERM ON WAS PERFORMED IBleeding U 21c. HOW INJURY OCCURI 21f. LOCATION STREET 19.84 nd that in (my) (our) apinion DEGREE ATTENDING PHYSICIAN [INAL DISEASE OR CONTROL OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF T	IN C IN C IN IN C IN IN IN IN IN IN IN IN IN IN IN IN IN	F YES, ERTIFY YES M 18 PA	WERE FINDING CAUSES TI T OR PART 2) COUNTY 9 8 4 and from the	INGS USED S OF DEATH? NO STATE that (I) (we) last e causes stated E SIGNED

DHMH - 16 50M 4/83 (VRA 15, 4)

Burial

FUNERAL DIRECTOR

Church Cemetery 25 Church Cemetery 25 Church Cemetery 25 Church Cemetery 25 Church Cemetery 25 Church Cemetery 25 Church Cemeters 25 Church Cemete 9/4/1984 Valter Dabrowski - 1005 Dundalk Ave. 21224

COUNTY STATE
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STATE OF MARYLAND FOR - STATE

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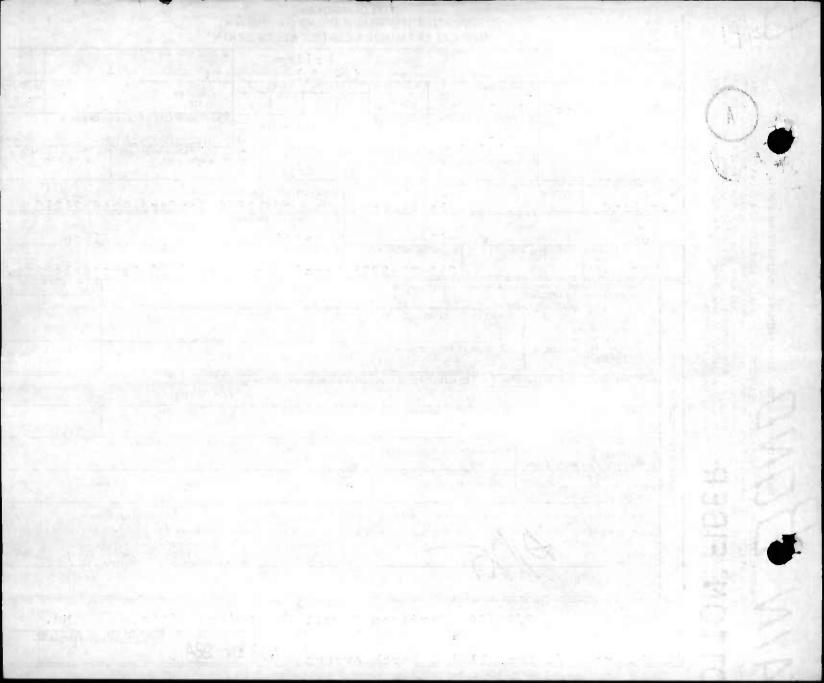
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1		EASED NAME	FIRST		WIDDLE	Ĺ	Hai	1 0 17	20 DATE	KNOWN	X MONTH	DAY YEA	76 HOUR
-	(1796	OR PRINT)	Thoma	S	J.	(H	aley)	OF	ESTI- MATED		1/8419	
Н	3 SEX	14	RACE	5. DATE OF BIRTH	6. AGE (IN		DER I YR.	IF UNDER	24 HRS. 2t. DA	E	MONTH	DAY YEA	
				MONTH DAY	YEAR LAST BIRTH	- Indiana	DAYS	HOURS	MIN PRONOL	INCED	0/1/	101	10:14
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2	FOI	REIGN COUNTRY)	TE ON	TO CITIZEN OF WH	AT COUNTRY?	MARRIE	D NE	ER MARRIE	ED X	MORE CIT	OK COOM	IT OF DEATH	
0	N.	Carol		U.S.A	,	WIDOWE		DIVORCE			e City		MD.
	ID CI	TY OR TOWN O	FDEATH		PITAL, NURSING HOA		R INSTITU	ION	17a USUAL OCC		TYPE OF WORK	17b KIND OF OR INDU	
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-	USUA	L RESIDENCE (#	F IN NURSING HOME O	R OTHER INSTITUTION, GIV	E RESIDENCE BEFORE ADMIS								1111111
5	130. S1		136 COUNT	I Y	13c. CITY OR TOWN		YES TE	NO []	13e STREET ADD		ad Da	ad 21	210
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0	19. FA	FIRST		MIDDLE	LAST		is. MOTHE	RST	NNAME	MIDDLE		LAST	
9		June			Hailey			ttie				Simon	
	16a. V	VAS DECEASED ES, NO, OR UNKNOW	EVER IN U.S. ARA	AED FORCES? WAR OR DATES)	166. SOCIAL SECUR	ITY NO.	7. INFORA	AANT		ADDRE	SS		
		YES			242-26-	2231	Fann	ie Me	cLendon	500	5 Tru	esdal.	e Ave.
1		18 CAUSE OF	DEATH (Enter onl	y ane cause per line	for (a), (b), and (c).)							APPROXIM	AATE INTERVAL
			TH WAS CAUSED	DV			T.T		0		r		NSET AND DEATH
П			IMMEDIAT		rterioscle		HAbei	tensi	ve cardi	Ovasc	ulai L	rsease	1
				DUE TO, OR	AS A CONSEQUENCE	E OF							
			, if any, which	40									
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		lying cause		DOE 10, OK	AS A CONSEQUENCE	E OF							
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		PART 2 OTHER SIGN	HIFICANT CONDITIONS	ONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TE	RMINAL DISEASE I	DR CONDITION	GIVEN IN PAR	T 1 (a)				
	CERTIFICATION	17.1	Diabet	es Mellit	us								
	ATI	19a. DATE OF C			ION FOR WHICH OP	ERATION WA	SPERFOR	MED?				20 AUTOP	SY?
2	FEC			100								YES [NoK
-	KT	210 EXTERNAL	CALISEWAS	21b. TIME OF	INTERP	1214 HO	W/ INTITION	OCCUBBE) (ENTER NATURE OF	ALMIBY IN STEAM	10.0107.1.00.01		1 NO K1
3	Ü	UNDERLYING			MONTH DAY YE		AA IIAJUKI	OCCURRE	(ENTER NATURE OF	NJURY IN ITEM	18 PART I ON PAI	R1 2)	
2	MEDICAL	CONTRIBUTING	G CAUSE OF E	DEATH P.M.	19								
	9	214 INJURY OC	CCURRED	21e PLACE C		21f. LOC							
	Z	WHILE AT WORK	NOT WHILE] SIREET, PACIS	DRY, FARM, ETC.)	211	REET		CITY OR I	OWN	COL	UNTY	STATE
		AT WORK	AT WORK						(
		22a I certify	that I taak charg	e af the remains desc	ribed abave, held an	Autopsy	/ Ш	Inspection	K. Inquir	у Ц.	and in my ap	oinian	
		death resulted	d fram: Natur	al ouses .	Accident	Suicide .	Hamic	ide .	Undetermined i	nanner .].		
			~	11/9-			TITLE (S	PEC IEY)					
		ACTUAL	X	1116					MEDICAL EXA		DATE	8/15/8	21
9		SIGNATURE		111		M.L). <u>ASS</u> .	LStalli	MEDICAL EXA	MINER	SIGNE	00/13/0	14
/		EXAMINER'S N	IAME C-	D Va	office M	D		777 7	Dann Ct				
		(TYPE OR PRIN	T) Gred		uffman, M.		DDRESS_		Penn St.				
	230.BL	JRIAL, CREMATI	ON, REMOVAL 2		23c NAME OF C				23d. LOCATION		COUN	NIY	STATE
	13	BURIAL		8/20/84	Garris	on Fo			Owings		ls,	-	d ^{STATE}
	24 FL	JNERAL DIRECT	OR	100-111				250. DATER	EC'D. BY REGIST	AR 25b CE	SISTR TRISS	SHELLAR	tall

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201 TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH EXECUTE THE CRETIFICATE, WRITING THE WORD, "FENDING" IN PROLL IN ITEM 18, GIVE PAGES 17 PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PROFES A SHOULD BE USED AS A BURIAL-TRANSIT PERMIT, PAGES 1 AND 2 AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF WITH BALTIMORE, MARYLAND, 21201 PRIQR TO BURIAL, CREMATION, OR REMOVAL.

(VR A15 ME (5)) 20M 4/82

Wm C March F/H Inc. 1101 E North Avenue

AUG 1 6 1984 0



FOR - STATE

FIRST

REGISTRAR

DECEASED NAME

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

LAST

CERTIFICATE OF DEATH

	REG. NO.				
	20 DATE OF DEATH MONTH	OAY	YEAR	26 HOU	R
	8	11	84		٨
	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDE	RIYEAR	IF UNDER	24 HRS.
,	57 YRS	MONTHS	DAYS	HOURS	MINL
7	9 BALTIMORE CITY OR COUNT	Y OF DE	ATH		
	Balto. City				MI

- 1	[TYPE OR PRINT)										
	David		C.		Haines			8_	11	84	M
	3 SEX	4 RACE		5. DATE O			6. AGE (IN YEAR	S LAST BIRTHDAY)	MONT	DER I YEAR	IF UNDER 24 HRS
	Male	Ca	u.	монтн	îo	27		57 YR		45 DAYS	HOURS MIN.
-	BIRTHPLACE (STATE OF FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	MARRIET	NEVER M	ARRIED -	9 BALTIMORE	CITY OR COU	NTY OF	DEATH	
	Md.	U.	S.A.	WIDOWE		ORCED [Balte	o. Cit	У		MD
7	O CITY OR TOWN OF DEATH		HOSPITAL, NURSIN		R OTHER INSTI	TUTION	12a USUAL OC	CUPATION R MOST OF WORKIN			F BUSINESS OR
	Balto.		Memori		osp.		Bake	r		Ret	ired
d	USUAL RESIDENCE (IF NURSING HOME OF 136, STATE 136, COU		GIVE RESIDENCE BEFORE		134 INSIDE CI	Y LIMITS?	13e STREET ADD	DRESS / ZIP CO	ODE		
>	Md.	-	Balto	•	YES 🔯	NO [6223	Ridgev	iew	Ave	. 2120
-	14 FATHER'S NAME	MIDOLE	LAST		15 MOTHER'S	MAIDEN NAA		AIDDLE		LAST	
-		W.	Haine	s		hel		Mae			ker
	160 WAS DECEASED EVER IN U.S. AF		166 SOCIAL SECU	RITY NO.	17 INFORMAN	11		ADDRESS			
	(YES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES)	220-20-	5281	Betti	e M.	Haines	6223	Rid	gevi	ew Ave
	18 CAUSE OF DEATH (Enter o		fline for (a), (b), and	dicit	A			;		APPROXU BETWEEN C	MATE INTERVAL ONSET AND DEATH
		TE CAUSE (o)	arace	1-100	umor	aus	an	251			
		DUE TO O	R AS A CONSEQUE	NC OF							
	Conditions, if any, which	(b)	Hung	Ento	110	con					
	gave rise to immediate couse (a), stating the	DUE TO O	R AS A CONSEQUE	NICE OF				п			^
	underlying couse last.	(c)_	Chrie	nie	19857	need	WY PI	Umo	na	26	Meson
	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED	TO THE TERM	IN AL DISEASE O	RCONDITION	GIVEN II	APART 11c	1
	A DATE OF OPERATION	tis of	(E) -	Bu	el.	fells	ed.				
0	M 190 DATE OF OPERATION	196 CON	ITION FOR WHICH	OPERATIO	WAS PERFOR	MED	20a AUTOPS			RE FINDIN	IGS USED OF DEATH?
1	21a ACCIDENT WAS UNDERLYING						YES N	0	YES [) Choses	NO [
	210 ACCIDENT WAS UNDERLYING	216 TIME C	F INJURY		21c HOW INJ	URY OCCURR	ED (ENTER NATUR	E OF INJURY IN ITEM	IB PART I	ORPART 2)	

OR CONTRIBUTING CAUSE OF DEATH

P.M.

AT HOME, STREET, FACTORY OFFICE FARM ETC.)

21e PLACE OF INJURY

YEAR 19

211 LOCATION

CITY OR TOWN

COUNTY

sow the deceased alive on above, (I) (we) (did) (did not) view the body after death. 22b. SIGNATURE

220 1 certify that (1) (this hospital) attended the deceased from

DEGREE

ATTENDING STAFF DIRECTOR PHYSICIAN [22c DATE SIGNED

(IF EITHER, NOTIFY MEDICAL EXAMINER)

NOT WHILE

214 INJURY OCCURRED

23d. LOCATION

and that in (my) (our) opinion death occurred on the date and have and from the causes stated

should be detoched for use os

MPORTANT: If Item 21 is

os the buriol-tronsit permit. Then pleas th and Mental Hygiene prior to burial,

morked or Hem 18 shows ony

230. BURIAL, CREMATION, REMOVAL Burial

23b. DATE 8-15-84

St. Luke's Cem.

22e ADDRESS

CITY OR TOWN New.Windsor

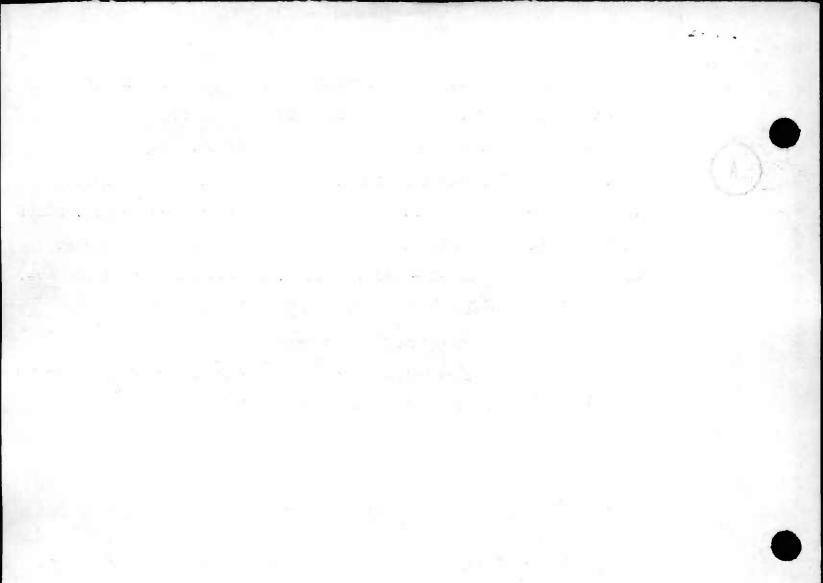
24 FUNERAL DIRECTOR

MEDICAL

6415 Belair Rd. John C. Miller

DHMH - 16 50M 4/83 (VRA 15, 4)

FUNERAL



A SECURITY OF THE PROPERTY OF

er this cartifications been signed by the ottending physicion and completely filled in by the funeral director. Page the busine arms Then please remove carbon papers. Pages 1 and 2 should be filled within 72 hours after de one Membi Hyperse prior to burial, cremation, or removal.

injury, or other troumotic event, the

1 - STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIEN

CERTIFICATE OF DEATH

	KEGISTRAK							REG. N	O.				
	CEASED NAME FIRST	MI	DOIE	L	AST		2a. DATE O	FDEATH	MONTH	DAY	YEAR	26 HOU	JR .
	George	a All	.en	На	11, Sr	•	Aug	gust 2	25, 1	984		7:15	aM
3. SE	X	4. RACE		S. DATE C		YE AR	6. AGE (IN	YEARS LAST BIR			RIYEAR	IF UNDER	24 HRS
	ale	White	Mr. Tolk	4	26	1913		71	YRS				
70. B	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF W	HAT COUNTRY?	B MARRIE	NEVER /	MARRIED -	9 BALTIMO	ORE CITY C	R COUN	TY OF DE	ATH		
Vi	irginia	U.S.A.		WIDOWE	DK DI	VORCED	Balti	Lmore	City	7			MD.
10 €	ITY OR TOWN OF DEATH		OSPITAL, NURSIN		R OTHER INS	NOITUTION	12a USUAL				KIND OF	FBUSINE	ESS OR
100	Baltimore /		and Gener		spital		Mecha	anic		MI		ran	sp.
13a.	AL RESIDENCE (IF NURSING HOMEO STATE 136/COU Baryland Bal	NTY.	ive residence before 13c. CITY OR TOWI Dundall	N	13d INSIDE C	NO XX	13. STREET 2732	ADDRESS	ZIP CO	ook	Roa	ıd 2	1222
13 E	ATHER'S NAME	MIDDIE	LAST		15. MOTHER"	MAIDEN NAM		MIDDLE					
Ge	eorge	H.	Hall		Ida	FIRST		WIDDLE		F	King	1	
	WAS DECEASED EVER IN U.S. AF		166 SOCIAL SECU	RITY NO.	17 INFORMA	INT		ADDRI	185 F	Birc.	hbro	ook	Ct.
No	YES NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES]	227-05-	9271	Georg	e A.H.	all,J	r.	Balt	0.,	MD	. 23	1236
	18 CAUSE OF DEATH (Enter o	nly one couse per li	ine for (a), (b), one	d (c).1						1 .	APPROXIA	MATE INTER	PVAL
CERTIFICATION	underlying couse lost. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION	(c)CONDITIONS COR	AS A CONSEQUE	DEATH BUT			20a AUT	OPSY?	20b. IF Y	res, were	E FINDIN	IGS USE	TH?
E	210. ACCIDENT WAS UNDERLYING	7 21b. TIME OF	INTERY		121, HOW IN	JURY OCCURR	YES [NO [YES	DART 71	NO [
	OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M	A. MONTH DA	AY YEAR		JON' OCCORN	(ENIEKN)	ATORE OF HAZO	N I PA NEM II	6 PARTION	7 PM 1 23		
MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE	P.M 21e. PLACE O		19	211 LOCATIO	ON							
A.	WHILE NOT WHILE	(AT HOME, STREE	ET, FACTORY, OFFICE, FA	ARM, ETC)	STREET			CITY OR TO	WN	(0	YINU	5	STATE
	27a. I certify that (**) (this hosp saw the deceased alive or obove 20) (we) (da (did not 27b. SIGNATURE	August ot) view the body o	deceosed from	845, 01		, 19	4.10	ugust ed on the d	25 ate and h				
	Wien	Kion	ne,	N	1 PC	ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STA PHYSIC	FF IAN	8	-28	- 82	+
	Mien - Do	OR PRINT)	oune		c/o M	s aryland	1 Gene	ral H	ospij	tal		/	
23a.	BURIAL, CREMATION, REMOVAL				EMETERY OR	CREMATORY	23d. LOC	ATION Y OR TOWN		COUN	17Y		TATE
	urial	8/28/		rest	Lawn		Mar:	riot		lle	Ma		land
24 F	UNERAL DIRECTOR Duda-		Inc.				E REC'D. BY	REGISTRAR	25b. REG1	STRAR'S	SIGNALL	18502	111
1	922 Wise Aver	nue Di	undalk,	MD.	21222	AUG 2	Z 8 19t	34					-

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR. hoold be detached with the State Dept.

	77			
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	3.24	Angrus 25 BB	* * * * * * * * * * * * * * * * * * *	
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views Comeral Toppical	MAT 6,5			
bublishing at the strip and				

FOR - STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIEND CERTIFICATE OF DEATH

7			REGISTRAR							R	G. NO.			
			ASED NAME	FIRST	A	AIDDLE	LA			20 DATE OF DE	THOM HT	H ÖA	AY YEAR	2h HOUR P
		TYPE OF	(PRINT)	JOHN	_	т.	F	HALL 1	V.	AUGUST	20,	19		9:10 M
	3	SEX		1	RACE		S. DATE OF		WF + D	6 AGE IN YEARS	AST BIRTHDAY		FUNDER LYEAR	IF UNDER 24 HRS
١.	٠L		Male		White		Sept	. 5°194	7 ** **	36	,	YRS	ONTINS DATS	MOURS MIN.
	1	BIRT	HPLACE STATE OF	FOREIGN 7	CITIZEN OF	WHAT COUNTRY?	B.	NEVER MA	PPIED	9 BALTIMORE	ITY OR CO	UNTYC	OF DEATH	
1	1	Was	hington,		USA		WIDOWED	DIVO	DRCED [BALTI	MORE	CI	TY	MD.
5	3		OR TOWN OF DE		(IF NOT IN SUC	HOSPITAL, NURSIN H FACILITY, GIVE STREET HNS HOP	ADDRESS)	HOSPI'		12a. USUAL OCC ITYPE OF WORK FOR Mechan		(ING LIFE)		OF BUSINESS OR
-	1	30, ST/		SING HOME OR COUNT Balt	TY	GIVE RESIDENCE BEFORE 136 CITY OR TOW LSSEX	ADMISSION)	136 INSIDE CIT	Y LIMITS?	130 SIREFF ADD	ce Ra	CODE 1Ve	2122	21
1	2	FATI	TER'S NAME FIRST John	T. Ha	II 3rd	LAST		Mail	MAIDEN NA		DDLE		LAS	ST
7	t	60 WA	S DECEASED EVE			166 SOCIAL SECU	RITY NO.	17 INFORMAN					sleigh	
L	1	(YES	NO OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES)	213 52	1157	John '	T. Hal	1 3rd,	Bal	timo	ore, Mo	d. 21220
	F	1	CAUSE OF DEA	TH (Enter only	y one couse per	line for (o), (b), on	d (c). I	<u> </u>					BETWEEN	MATE INTERVAL ONSET AND DEATH
	1		PART I. DEATH V		BY: CAUSE (o)	Tumor 1	_usis	Syndr	ome				4	8hna
	1	- 1		BYWEDIALE				,		_				
	Т	- 1	Conditions, if any	which	(,,,	Cy toxa	N che	anthonic	JONN'S	for lev	komi	31	7	2 hrs.
		- 1	gove rise to im	mediote	10)	as a constour	NICE OF		-	,				A
	1		underlying cous		DUE TO, OF	hranic mi	NCEOF	wals les	Komis	inhha	toris	15	14	days
	1	F	ART 2 OTHER SIG	NIFICANT CO		ONTRIBUTING TO I							N IN PART I	0
	١		Myoca	h . A	2 1	mia wit		6 drows			13 8	4		
ī	2.	Y IS	DATE OF OPERA		196 CONDI	TION FOR WHICH				200 AUTOPSY	2 206.	IF YES,	WERE FINDIN	
1	7	CERTIFICATION								YES NO	X	YES		NO [
5	ē	E 7	10. ACCIDENT WAS UP	Townson of the control of the contro	216. TIME O	FINJURY M. MONTH DA	AV VEAD	21c. HOW INJU	JRY OCCURR	ED (ENTER NATURE	OF INJURY IN IT	AA 18 PAR	RT (OR PART 2)	
7		N Y	OR CONTRIBUTING		H HOOK A.		19							
	1	MEDICAL	Id INJURY OCCUP	RRED	21e PLACE			211 LOCATION	1		YORTOWN		COUNTY	STATE
	3		WHILE NOT W	ORK	(AT HOME, STR	EET, FACTORY, OFFICE, F	ARM, ETC }	SINCE			,			311112
	1	7	20 I certify that () (this hospite	ol) ottended the		8//	3	19 84	_, to8/	20	19		that (I) (we) last
	1		sow the deceo	did (did not)	8/20	ofter death	84 . one	that in (my) (c	our) opinion o	death occurred on	the date an	id hour c	and from the	couses stated
	Т	2	26. SIGNATURE	Gray Tala Har	T view life body	orier debin.	D	EGREE					22c DATE	SIGNED
			Marka	10 11.1	Jeanne	251		AT PH	TENDING TYSICIAN	MEDICAL DIRECTOR F	STAFF	Z.	8/2	0/84
ı	1	2	2d. PHYSICIAN'S N	AME ITYPE OR	PRINT			77e ADDRESS		WOLF	_		ALTO,	MD
	1		MICHA	EL N.	DROSS	NER		Joh	ns Ho	pkins	Hosp		7 21:	205
			RIAL, CREMATION	, REMOVAL	236. DATE 8/23	236 1		METERY OR CR		23d LOCATIO		14	al Other	STATE
		1	mation	.2	8/23	/84 G	reen M	ount Cr	emator	y Balt	imore	, Md	1.	
	[2	% .	HAMP DURECTED		21/10 10	ADDRESS	2	1220	250 DA	REGID BY REGI	18 AR 256. R	EGISTR	AR'S SIGNAT	THE THOUSE
	4	Joh	n Hal.	I, 5rd	347 En	dsleigh /	ive Z	1220			0			

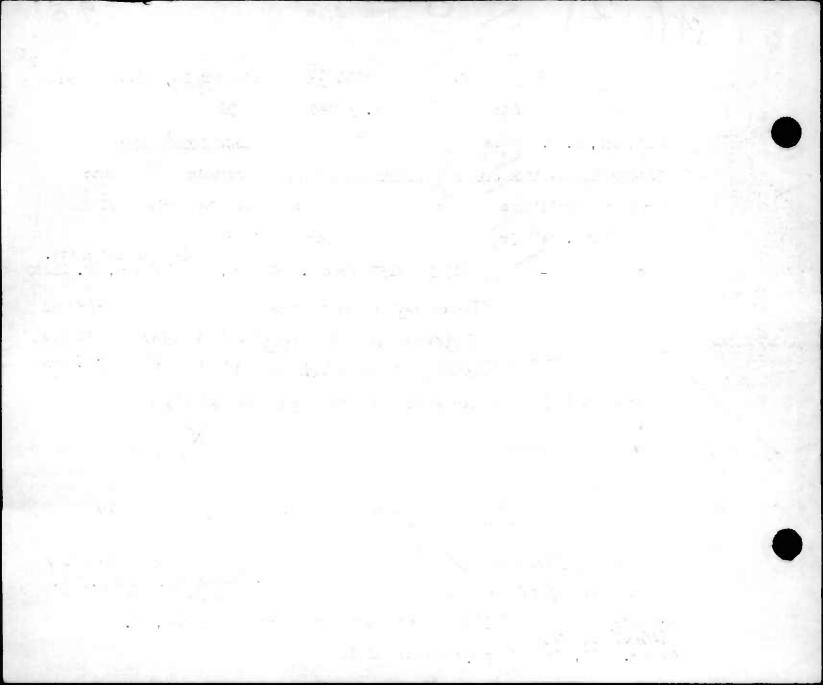
DHMH - 16 50M 4/B3 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been

OR ATTENDING PHYSICIAN The

etained by the haspital TO HOSPITAL

BP.



MIDDLE

13e.STREET, ADDRESS / ZIP CODE Same as APPROXIMATE INTERVAL PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEAS FOR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) Subject fell out of wheelchair ACCIDENT STATE Meridian Nursing Home, Balto MD. that (II (we) last 22¢ DATE SIGNED PHYSICIAN DIRECTOR PHYSICIAN 250 DATE REC'D. BY REGIS RAR 256. REGISTRAR'S SIGNATURE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEND

CERTIFICATE OF DEATH

REG. NO

MONTH

IF LINDER TYEAR

INDUSTRY

IF UNDER 24 HRS

12b. KIND OF BUSINESS OR

DHMH - 16 50M 4/83 (VRA 15, 4)

- STATE

REGISTRAR

habital profit bandalist adam CVI Charles O.A. setting continue the source of the state of the source of and the state of t

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and c should be detached for use as the burial-transit permit. Then please remove carbon popers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 -	REGISTRAR						REG	NO			
. DEC	CEASED NAME	FIRST	٨	MIDDLE	· ·	AST	20. DATE OF DEATH		DAY	YEAR 2	h HOUR
TIME	MARC	ARET	CECE	LIA	HARDE	N		08	25	81.18	8:25A
3. SEX	x	4.	RACE		5. DATE C		6 AGE (IN YEARS LAS	BRIHDAY)	IF UNDER	TYEAR	IF UNDER 24 HRS
1	FEMALE	3	W		02	17 1921	63	YRS			
	RTHPLACE (STATE OR	FOREIGN 76	CITIZEN OF	WHAT COUNTI	RY? 8. MARRIE	D NEVER MARRIED	9 BALTIMORE CIT	OR COUN	ITY OF DE	ATH	
	MARYLAND			.S.A.	WIDOWE			MORE (-		A
0. CI	ITY OR TOWN OF DE	ATH 1	(IF NOT IN SUC	H FACILITY, GIVE ST	REET ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUP			KIND OF USTRY	BUSINESSC
	ALTIMORE			T. AGNE		[TAL	HOMEMAK	ER			-
13a. S	STATE	134 COUNT	Υ	13c. CITY OR T	OWN	134 INSIDE CITY LIMITS?	13e.STREET ADDRES				
-	IARYLAND ATHER'S NAME	V A.A	Α.	GLEN E	BURNIE	YES NO X	41 LINWO	OD AVI	ENUE,	210	61
7)	FIRST		DOLE	LAST	1001	FIRST	MIDDL			ŁAST	DELON
1	JAMES VAS DECEASED EVER		ED FORCES	ROBERT		MARY 17 INFORMANT	F.	DRESS CY		ILKE	
	YES, NO OR UNKNOWN)		WAR OR DATES)					ONSDA	YKESV		•
	NO			218-01	1-3103	CHARLES WRI	GUT 333 K	ONSDA			21784
		mediate ng the last	DUE TO, OF	TY PO S TAS A CONSE R AS A CONSE	QUENCE OF	cle his he					
FICATION	gave rise to im cause (a), stati underlying coust	which mediate and the last	DUE TO, OF	PAS A CONSE R AS A CONSE DITRIBUTING CLEAN	QUENCE OF		MINAL DISEASE OR C	ONDITION OF	YES, WERE	FINDING	GS USED OF DEATH?
ERTIFICATION	PART 3 OTHER SIG	which mediate ng the lost	DUE TO, OF TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TOTAL THE	R AS A CONSE	QUENCE OF	NOT RELATED TO THE TERM A SELON N WAS PERFORMED	AINAL DISEASE OR C	20b. IF	GIVEN IN P	FINDING AUSES C	GS USED
AL CERTIFICATION	gove rise to im cause (a), stating underlying coust PART 3 OTHER SIGN 19a DATE OF OPERA 21a. ACCIDENT WAS UN OR CONTRIBUTING	, which mediate ng the last NIFICANT CO	DUE TO, OF TO THE TO TH	RAS A CONSE RAS A CONSE ONTRIBUTING C E ELL O ITION FOR WH FINJURY M. MONTH	QUENCE OF TO DEATH BUT ICH OPERATIO	ellibs he NOT RELATED TO THE TERM LE A SELOY	AINAL DISEASE OR C	20b. IF	GIVEN IN P	FINDING AUSES C	GS USED OF DEATH?
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	gove rise to im cause (a), statium derlying coust (b), statium derlying coust (c) and	which mediate ng the e last NIFICANT CO CAUSE OF DEATH ICAL EXAMINER) RED HIE	DUE TO, OF TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TOTAL THE	R AS A CONSE ONTRIBUTING CLE WAS ITION FOR WH OF INJURY M. MONTH M. OF INJURY OF	QUENCE OF QUENCE OF TO DEATH BUT TO DEATH	NOT RELATED TO THE TERM A SECON N WAS PERFORMED 216 HOW INJURY OCCUR 211 LOCATION	AIN AL DISEASE OR C	20b. IF 1 IN CER	GIVEN IN P	FINDING (AUSES C	GS USED DE DEATH? NO STATE
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WEDICAL 23e. E	gove rise to im cause (a), statiu underlying coust (b), statiu underlying coust (cause (b), statiu underlying coust (cause (b), statiu underlying coust (cause (cau	Which mediate may the elast the part of th	DUE TO, OF 16) DUE TO, OF 16) DUE TO, OF 16 (c)	R AS A CONSE R	QUENCE OF QUENCE OF TO DEATH BUT TO DEATH	NOT RELATED TO THE TERM A SECON N WAS PERFORMED 211. LOCATION STREET 19. nd that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN	AINAL DISEASE OR C	200. IF 100 IN CER 100	GIVEN IN P	FINDING AUSES C PART 2) JINIY thom the co	STATE ST

DHMH - 16 50M 4/83 (VRA 15, 4)

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d by the ottending physicion and completely filled in by the lease remove carbon papers. Pages 1 and 2 should be filed wit oil, cremation, or removal.

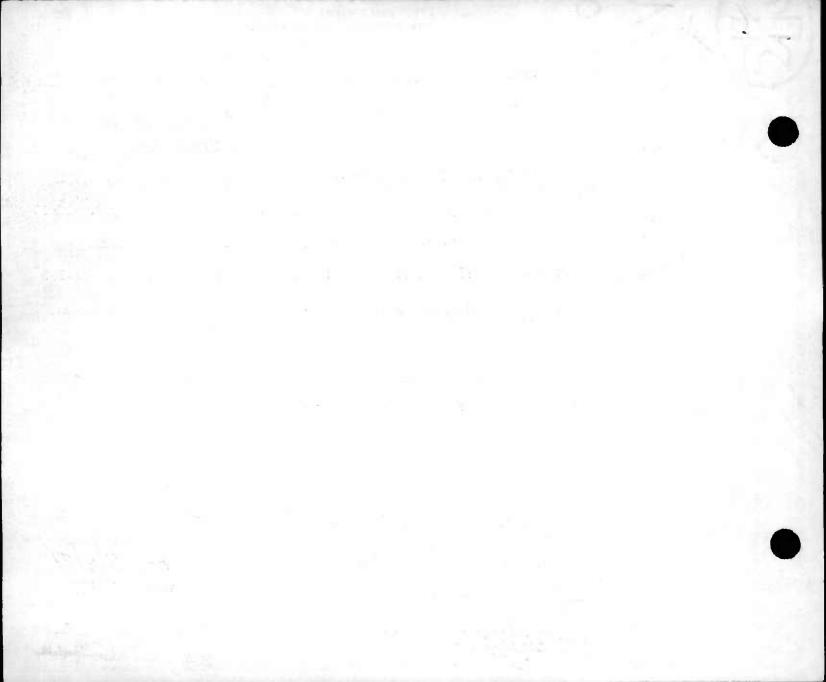
TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physici should be detached for use as the buriol-transit permit. Then please remove corban paper with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

DHMH - 16 50M 4/83 (VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

H	1-	FOR STATE REGISTRAR	DEPART		EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO	€ *).		
' 		CEASED NAME FIRST		L	AST			DAY YEAR	2b HOUR
	11176	Thomas	s Bradford Ha	vrdt	Jr.	Augu	ist 6	1984	2:15a M
	3. SEX		4 RACE	5. DATE C		6. AGE (IN YEARS LAST BIRT		IF UNDER I YEAR	IF UNDER 24 HRS
		Male	White	Sept	25, 1949	34	YRS.		MUC,
2	7a. BII	RTHPLACE STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	MARRIE	NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY	OF DEATH	
L	Te	exas	U.S.A.	WIDOWE	D DIVORCED	Baltimore			MD
		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSII	ADDRESS)		120 USUAL OCCUPATION OF WORK FOR MOST OF			OF BUSINESS OR
5		ultimore	VA Medical Cent	ier Ba	lto Md	Lineman		B.G.	& E
5	13a. S	STATE 138 C	ounty 130 city or towner was the control of the city of towner are a supplied to the city of towner are a supplied to the city of towner are a supplied to the city of towner are a supplied to the city of the ci	VN	13d INSIDE CITY LIMITS? YES NOXX	13e.STREET ADDRESS / 3701 Beach		Blvd.	21037
	14 FA	THER'S NAME	MIDDLE LAST		15 MOTHER'S MAIDEN NA/	ME MIDDLE		LAS	
U	Th	omas	B. Hardt, Sr	•	Edith	M.		Cruse	
		VAS DECEASED EVER IN U.S	S. GIVE WAR OR DATES)		17 INFORMANT	ADDRE	SS		
4	,	Yes Vi	ietnam 217 50 9	055	Mrs. Sharron	J. Hardt (V	Vife)	Same a	
		18. CAUSE OF DEATH (Ente	er only one couse per line for (a), (b), or	nd (cs.)				BETWEEN	MATE INTERVAL ONSET AND DEATH
П		PART I. DEATH WAS CA IMMEI	DIATE CAUSE (a) UPFETL	61	BLEED				
			DUE TO, OR AS A CONSEQU	ENCE OF					
		Conditions, if ony, which gove rise to immediate						-	
		couse (a), stating the	DUE TO, OR AS A CONSEQU	ENCE OF					
			(c)						
1	z	p. ·	NT CONDITIONS CONTRIBUTING TO	DEATH BUT		INAL DISEASE OR CONI	DITION GIV	EN IN PART 10	0.
+	CERTIFICATION	19g DATE OF OPERATION	19 CONDITION FOR WHICH	WL)	T FOLME	20g AUTOPSY?	Tab IF VES	, WERE FINDI	VCC LISED
7	FIC	THE DATE OF CHERTION	170 CONDITION FOR WITHER	OFERATIO	WAS FERE ORMED		IN CERTIF	YING CAUSES	OF DEATH?
Н	ERT	21a. ACCIDENT WAS UNDERLYING	G 216 TIME OF INJURY		21c HOW INJURY OCCURE	YES NO		API I OP PARI 2)	NO 🗌
7		OR CONTRIBUTING CAUSE O	F DEATH HOUR A.M. MONTH D			Tellien Think of the			
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAM	MINER) P.M. 21e PLACE OF INJURY	19	21f LOCATION				
1	ME	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE	FARM ETC)	STREET	CITY OR TO	WN	COUNTY	STATE
		22a L certify that YI) (this h	nospital) attended the deceased from a AUGUST 6, 19	Feb.	1 19.84	to_August_	6	1084	that (X(we) last
		sow the deceased alive	e on August 6, 19_	84 or	nd that in (Xy) (our) apinion (te and hou		,
		22b. SIGNATURE	(d)(d) view the body offer death.		DEGREE			TIC DATE	SIGNED A
		1.0	114 1113/14	C-11	ATTENDING PHYSICIAN F	MEDICAL STAF	FIAN	18/6	188
٦		224. PHYSICIAN'S NAME (I	TYPE OR PRINT)		22e ADDRESS			1010	14
		757	ERENCE MC M.	111011	3900 Loch 1	Raven Blud.	Balto	Md 21:	218
	23a. B	BURIAL, CREMATION, REMO		NAME OF C	EMETERY OR CREMATORY	23d. LOCATION			
	(Burial	Mag. 10, 1984 Wh	ite Oa	ak Cemeterv	White Oak	Gr	COUNTY	Texas
		NERAL DIRECTO	deselle			E REC'D. BY REGISTRAR	256. REGIST	RAR'S SIGNAT	URE
	Ci	naloton tonor	tion the		IA EM	10 7 400 A	Sign	Davidson	- Handalow



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the should be detached for use as the burial-tric nst permit. Then please remove carbonoopers. Pages 1 and 2 should be filled with the State Dept of Health and Mental Hygiene prior to burial, cremotion, or removal.

injury, or other traumotic event, the medical exemi

IMPORTANT. If Hem 21 is marked ar Hem 18 shaws any

BURIAL UNERAL DIRECTOR

FOR STATE

STATE OF MAKTLAND	1.3
DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	

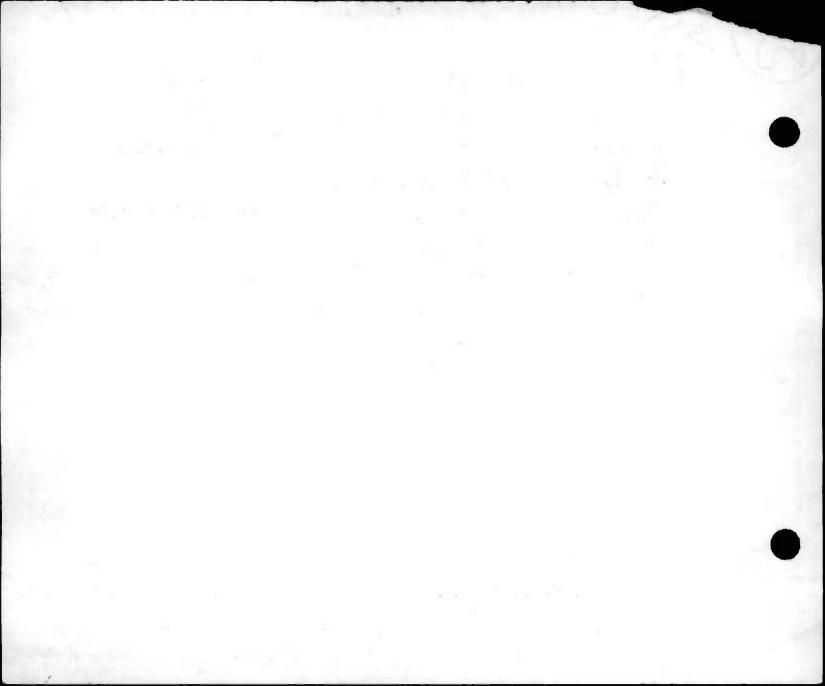
	REGISTRAR		CERTIFICATE OF	/ b/(())	REG. NO	0		
	CEASED NAME FIRST	MIDDLE	LAST	T		MONTH DAY	YEAR	26 HOUR
(TYPE	DAI	NIEL W. HARG	GROVE			8 23	84	6 M
3. SEX	(4 RACE	5. DATE OF BIRTH		AGE (IN YEARS LAST BIR	THDAY] IF I	INDER I YEAR	IF UNDER 24 HRS
	MALE	BLACK	MONTH DAY	27	V 57	YRS		HOURS MIN.
	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTE	MARRIED NEVER	MARRIED 3	BALTIMORE CITY O	R COUNTY OF	DEATH	
V	rainia.	1 USA		NORCED	BAETIM	OFP	CITY	MD.
10 CI	IY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR			120 USUAL OCCUPATE	ON		BUSINESS OR
l	Salto.	(IF NOT IN SUCH FAGILITY, GIVESTI	Jilern Aus		(TYPE OF WORK FOR MOST O	F WORKING LIFE)	INDUSTRY	
USU/ 13a S	AL RESIDENCE (IF NURSING HOME OF			TTY HANTS?	3. STREET ADDRESS	7 IP CODE -		1215
	Ma	I Bo I	YES I	NO 🗌	4804 Wi	ern F	we.	
14	THER'S NAME FIRST	MIDDLE LAST		S MAIDEN NAME	E MIDDLE		LAST	
C	eorge)	Itarar	OVE Gert	rude		te	rsin	
	VAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL SI		ANT	ADDRE	SS	1	
{	VES, NO OR UNKNOWN) 11F YES, GT	-20-2480	Bea	Tria)	Sowey 48	04 XV	en (we.
	18 CAUSE OF DEATH (Enter o	inly one couse per line for (a), (b),	and ici s		1 (1		APPROXIA BETWEEN O	MATE INTERVAL INSET AND DEATH
	RT I. DEATH WAS CAUSE	ED BY ATE CAUSE (b) CAROL	o Pulm	ONARV	MRR.	050	10	min
	IMMEDIA			/				
	C Pri of Aller	DUE TO, OR AS A CONSE					21.	2/04
	Conditions, if any, which	(b) C PV 0.	e LIVER				1//	1/87
	couse (a), stating the underlying cause last	DUE TO, OR AS A CONSE	JUENCE OF					,
	onderlying coose lost	(c)	 					
_	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	O DEATH BUT NOT RELATED	TO THE TERMIN	AL DISEASE OR CON	DITION GIVEN	IN PART To	
CERTIFICATION								
AT	190 DATE OF OPERATION	196 CONDITION FOR WH	CH OPERATION WAS PERFO	DRMED	200 AUTOPSY?	206 IF YES, W		
Ŧ					YES NO	IN CERTIFYIN		NO [
ER	21g. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	121c HOW II	JURY OCCURRE	D (ENTER NATURE OF INJUI	1		
	OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH	DAY YEAR		()			
MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE		19	011				
AED	214 INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET FACTORY OFFI	CE FARM ETC) 211 LOCATI	JN	CITY OR TO	WN	COUNTY	STATE
-	AT WORK NOT WHILE							
	22a I certify that (I) (this hasp	oital) attended the deceased fro	m	. 19	_, to		. †	hat (I) (we) last
	saw the deceased alive or	n19	ond that in (my	(our) opinion de	eath accurred on the do	ate and hour a	nd Irom the o	auses stated
	22b. SIGNATURE	ot view the body after death	DEGREE				22c. DATE S	SIGNED
	MAN	1 / W-15		ATTENDING	MEDICAL STAF		1	4/84
	and Dulyer Clange Manage		20 .000		DIRECTOR PHYSIC	IAN	1 0,2	
	22d. PHYSICIAN'S NAME (TYPE)		22e ADDRE		ah Davier D	1 0	al+!	omo 21210
	MOHAMED S. AL-	TIDKAHIM, M.D.	VAMC,	3900 Lo	ch Raven B	iva., E	altimo	ore ZIZI
	BURIAL, CREMATION REMOVAL		IL NAME OF CEMETERY OR	GREMATORY ,	234 LOCATION		OUNTY)	7. MATE
1	JILLEY 1	of I am lost	ALC: A COLUMN TO THE PARTY OF T	2 2 200	The second secon		promitte g	W. Mirris

DHMH - 16 50M 4/83

(VRA 15, 4)

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retained by the hospital or attending physician.



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

ending physicion and completely filled in by the funeral di corbanpapers. Pages 1 and 2 should be filed within 72 ha

TO FUNERAL DIRECTOR. After this certificate hos been signed by the ottending physics should be detached for use as the burial-transit permit. Then please remave carban paper with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remaval.

injury, or other froumotic

morked or Item 18 shows ony

IMPORTANT: If Item 21 is

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR				CERTIF	ICATE OF DEATH		REG. NO.	*		
1. DECEASED NAME	FIRST		MIDDIE	1777	AST	20 DAT	TE OF DEATH MONTH	DAY YEA	1R 2	26 HOUR
(TITE ON PRINT)	HAZEL		V.	HAI	RPER		08 30	2 8		0/301
3. SEX		4 RACE		5. DATE C		6 AGE	(IN YEARS LAST BIRTHDAY)	MONTHS D		IF UNDER 24 HRS HOURS AIN.
Female		B.1	ack	10	17 20	1	6.4 YRS			
To BIRTHPLACE (STATE	OR FOREIGN		WHAT COUNTRY?	8	_	9 BALT	IMORE CITY OR COUN	TY OF DEAT	Н	
N. Caroli	ina	11	S.A.	WIDOWE	D K NEVER MARRIED L	T	Baltimore Ci	ity		MD.
10. CITY OR TOWN OF		11. NAME OF	OSPITAL, NURSIN	G HOME C	OR OTHER INSTITUTION		UAL OCCUPATION			BUSINESS OR
Baltim			sietechism.		spital	(TYPE OF	F WORK FOR MOST OF WORKING	STIFE) INDUS	TRY	
USUAL RESIDENCE (# P	URSING HOME OR		GIVE RESIDENCE BEFORE		1 13d. INSIDE CITY LIMITS?	13a STR	EET ADDRESS / ZIP CO	ODE		
Maryland			Baltim		YES NO		Springfi		Ve	21212
14 FATHER'S NAME		_			15 MOTHER'S MAIDEN N	IAME				
FIRST		MIDDLE	LAST		FIRST	-	WIDDIE	_	LAST	
In WAS DECEASED EN			166 SOCIAL SECU	RITY NO.	17_INFORMANT		ADDRESS			
(YES, NO OR UNKNOWN)	()F YES, GIV	E WAR OR DATES)	N/A		Andrew Har		612 Camin	offol	a	A o o
	ATH (Enter on	Lu ana saura aar	line for (a), (b), and	4.6.	IAHUTEW HAT	per	015 Shill	API	PROXIM	ATE INTERVAL NSET AND DEATH
PART I. DEATH	I WAS CAUSE	D BY			HRREST			OE I W	EENON	OET AND DEATH
 	IMMEDIAT	E CAUSE (a)	C. III OII	10.	10.0031					
		DUE TO, O	R AS A CONSEQUE		ESCAPE	RIHYT	Hon			
Conditions, if a		(b)	VENTRIC	UCHIC	. WITH E	11771	1111			
couse (a), st underlying co	oting the	DUE TO, OI	R AS A CONSEQUE	NCE OF						
underlying (d	ose lost	(c)_								
	IGNIFICANT C				NOT RELATED TO THE TER			SIVEN IN PAR	11 1 0	
€ HYPOX	Emin ,	HYPOR	KALEMIA	, AC	2100515 , re	ERMG	NANT YACIR	MAKR	R	
S 190 DATE OF OPE	RATION	196 COND	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a /		YES, WERE FII TIFYING CAU		
19a DATE OF OPE						YES	NO NO	YES	7525 0	NO 🗌
210. ACCIDENT WAS		LIOUS A		V V5.45	214 HOW INJURY OCCU	JRRED (EN	TER NATURE OF INJURY IN ITEM	8 PART I OR PAR	T 2)	
	_	100	M. MONTH DA	Y YEAR						
OR CONTRIBUTING		21e PLACE		19	ZII LOCATION	_				
WHILE NO	T WHILE		REET FACTORY, OFFICE F	ARM, ETC.)	STREET		CITY OR TOWN	COUNT	r	STATE
228 certify that	WORK	15 - 40 - 141 - 41		Q/7.	- 8	4	8/26	84		
	eosed alive an	G 191	2 19	37	nd that in (my) (our) apinio	n death ac	curred on the date and h	our and from	the co	or (II (we) last
obove, (I) (w	e) (did) (did no	l view the bady	ofter death				correct on the date did i			
120. SIGNATURE	/ 1	6/	7		DEGREE ATTENDING	MEDI	CAL STAFF	1111.0	Aleg	IGNED /
m·n	euth	auts	wo m	2			TOR PHYSICIAN		90	96/64
22d. PHYSICIAN'S	NAME (TYPEO	R PRIMIT	Janes MD	VE -	22e ADDRESS	ion M	lemorial Hos	pital		7
M.KE	177	HWEN	lings, MD	ċ	UNION MEN	nor it	lemorial Hos	Factor		
230 BURIAL, CREMATIC	N, REMOVAL	23b. DATE	23c N	IAME OF C	EMETERY OR CREMATORY		LOCATION			

TO HOSPITAL

DHMH - 16 50M 4/83 (VRA 15, 4)

24 FUNERAL DIRECTOR Wm C March F/H Inc. 1101 E North Avenue

BURTAL

9/1/84

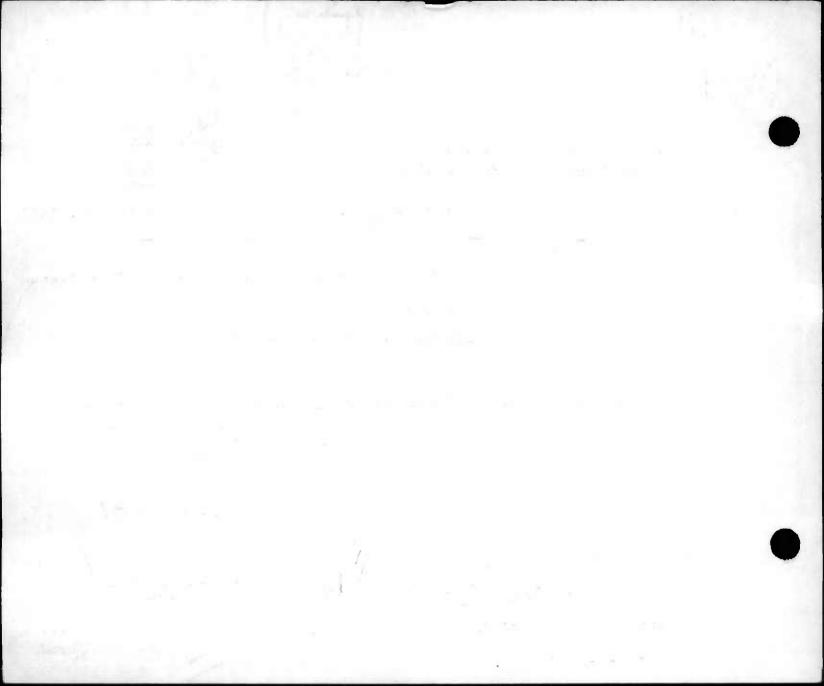
23c NAME OF CEMETERY OR CREMATORY

CITY OR TOWN Ayden

COUNTY STATE N.C.

Church Cemetery

REGISTRAR 256 REGISTAR'S SIGNA RENDELL 25a. DATE REC'D.



IJII. STATE	DEATH 11. NAME OF	WHAT COUNTRY?	S. DATE OF BIRTH MONTH DAY 7/2/84 MARRIED NEVER MARRIED MOVED DIVORCED HOME OR OTHER INSTITUTION DRESS)	9 BALTIMORE CITY OR COL	IF UNDER 1 YEAR IF UNDER 2 J HRS MOURS MIN.
BIRTHPLACE (STATE (COUNTRY) M.C. CITY OR TOWN OF E UAL RESIDENCE 118 N 13. STATE	DR FOREIGN 75 CITIZEN OF DEATH 11. NAME OF UNITY	WHAT COUNTRY?	MARRIED NEVER MARRIED MONTH DIVORCED MONTH DIVORCED MONTHER INSTITUTION DESCRIPTION	9 BALTIMORE CITY OR COU	MONTHS DAYS HOURS MIN. VRS. UNITY OF DEATH
COUNTRY) M. d. IL CITY OR TOWN OF E UAL RESIDENCE 18 N 1. STATE	DEATH 11. NAME OF UNITY OF UNI	WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED HOME OR OTHER INSTITUTION	9 BALTIMORE CITY OR COU	UNTY OF DEATH
UAL RESIDENCE (# N IIII. STATE	Unive	CH FACILITY, GIVE STREET AD	DRESS)	TRAINEDIAL COCCURATION	7**(2
IJII. STATE	U-S-HE OR OTHER INSTITUTION		ital	THE OF WORK FOR WOST OF CHARLES	126 KIND OF BUSINESS OR INDUSTRY
	harf	13c. CITY OR TOWN	YES NO NO	13: STREET ADDRESS / ZIP C	
14 FATHER'S NAME FIRST	MIDDLE	LAST	15. MOTHER'S MAIDEN N	BIDDIE	Harpold
(YES, NO OR UNKNOWN)	ER IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES)	16b. SOCIAL SECURI	TY NO. 17. INFORMANT	ADDRESS	
18 CAUSE OF DE PART I. DEATH	WAS CAUSED BY:	r line for (a), (b), and (LE Selsis		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Conditions if o		DR AS A CONSEQUEN	CEOF IN AN CEPHALU		
gave rise to i	iting the DUE TO. C				
				MINAL DISEASE OR CONDITION	GIVEN IN PART 110
190. DATE OF OPE					IF YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES \(\bigcup \) NO \(\bigcup \)
	CAUSE OF DEATH HOUR A	.M. MONTH DAY	YEAR 19	RRED (ENTER NATURE OF INJURY IN ITE	M 18 PART T OR PART 2)
	WHILE T		M, ETC.) 211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
saw the dece	ased alive an	118 19 8	7 2 89 , 19 , ond that in (my) (and) apinio	n death accurred on the date and	d hour and from the causes stated
22b. SIGNATURE	nop sa	ly	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	220 DATE SIGNED
224 PHYSICIAN'S	NAME (TYPE OR PRINT)	40	27e ADDRESS 225	CREENE ST, B	MICHORE
	Conditions, if o gove rise to i cause (a), ste underlying counterlying counterlying contributions [IFE EITHER, NOTEY MASS OR CONTRIBUTION [IFE EITHER, NOTEY MASS OR C	DUE TO, Conditions, if ony, which gove rise to immediate cause (a)	The state of the	18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: RODA BLE Conditions, if ony, which gove rise to immediate cause (a), stating the underlying couse lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TER PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TER PART 3. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TER PART 3. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TER PART 3. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TER PART 3. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TER PART 3. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TER PART 3. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TER PART 3. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TER PART 3. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TER PART 3. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TER PART 3. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TER PART 3. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TER PART 3. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TER PART 3. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TER PART 3. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TER PART 3. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TER PART 3. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TER PART 3. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TER PART 3. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRI	16 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS

DHMH - 16 50M 4/83 (VRA 15, 4)

24. FUNERAL DIRECTOR Anatomy Boatd

Balto., Md.

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

LESKING SIMM MASKING The State of the S The Marie of Determination of the Total Continue to the Con

W. Jones, Jr./4101 Edmondson

- STATE

DHMH - 16 50M 4/83 (VRA 15, 4)

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

76 HOUR

126. KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NOF

STATE

STATE

IF UNDER I YEAR

INDUSTRY

Ervin

COUNTY

COUNTY

BY REGISTRAR 200 REGISTRAR SSIENA

25a. DATE REC

22c DATE SIGNED

3:30m

IF UNDER 24 HRS

THE PROPERTY OF THE PROPERTY O The state of the s

ctor, page 3 safter death 4 moy be TO FUNERAL DIRECTOR, Aller the certificate has been righted by the difference physical should be detached for the at the burish transit permit. Then please remove carbon popers, with the State Digit of Health and Mental Hygiens prior to burish cremption; or removal IMPORTANT: If them 21 is marked as then 18 shorts any injury, or other traumatic event, the

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE -

al

FOR - STATE REGISTRAR	DEPAR		EALTH AND MENTAL HYG ICATE OF DEATH	REG. N	0.	
1 DECEASED NAME FIRST	MIDDLE	L.	AST	20 DATE OF DEATH		EAR 25 HOUR
(TYPE OR PRINT)	RE A.	HA	RRIS	August 10	. 1984	8:30
3 SEX	4 RACE	5. DATE O	F BIRTH	6. AGE (IN YEARS LAST BIR	THDAY) IF UNDER	
Female	White	June		80	YRS MONTHS	DAYS HOURS MI
7a BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTR	2Y2 B		9 BALTIMORE CITY O		TH
Canada	USA	WIDOWE	DINEVER MARRIED DIN	Baltimore	e City	,
10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR	SING HOME C		12a USUAL OCCUPAT	ION 12b. K	IND OF BUSINESS C
Baltimore	(IF NOT IN SUCH FACILITY, GIVE STR 801 Homeste		eet	Homema		wn Home
USUAL RESIDENCE (IF NURSING HOME OF 13th COULD STATE 13th COULD STATE		OWN	13d INSIDE CITY LIMITS? YES X NO	13e.STREET ADDRESS 801 Home		., 21218
14 FATHER'S NAME FIRST Celestin L.	Petrin,	Sr.	15. MOTHER'S MAIDENNA Asilia	WE	A	rel
160 WAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL SE		17 INFORMANT	ADDRI	ESS	
(YES, NO OR UNKNOWN) (IF YES, GI	ve war or dates) 220-12	-7429	L. Simard	. New Jers	sey, 0822	25
	nly ane cause per line far (a), (b),		HEART FA	HLUPLE		APPROXIMATE INTERVAL TWEEN ONSET AND DEA
	CONDITIONS CONTRIBUTING TO	TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	IDITION GIVEN IN PA	ART 1ra
190 DATE OF OPERATION	196. CONDITION FOR WHI	ICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE IN CERTIFYING CA	FINDINGS USED AUSES OF DEATH?
210 ACCIDENT WAS UNDERLYING	ATH HOUR A.M. MONTH	DAY YEAR	21¢ HOW INJURY OCCUR			
GREGATING LAUGE OF DE LAUGE OF	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFI	CE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	OWN COU	NTY STATE
22a.1 certify that (1) (this hasp saw the deceased alive or	ntol) attended the deceased from	m 847, ar	nd that in (my) (aur) apinion	, ta RUG death accurred on the d	ote and havr and fro	that (I) (we)
"allario 1	le Meninte	V MD		MEDICAL STA	FF _	SILO 84
22d. PHYSICIAN'S NAME (TYPE	OR PRINT)		22e ADDRESS			
Dr. Marcio	M. Memendez	, M.D	5820 York	Road Ba	alto M)
230 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		3c. NAME OF C	ood Cemeter	Balto.	County,	MD
24 FUNERAL DIRECTOR Hen	ry W. Jenkins d Balto., M	& Soi	ns Co. 250 DAT	E REC'D. BY REGISTRAR	256 REGISTRANS.S	Son- Handall

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

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TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director should be detached for use as the burial-transit permit. Then please remove carbomopers. Pages 1 and 2 should be filed within 72 hours at with the State Dept of Health and Mental Hygiene prior to burial, cremotion, or removal.

IMPORTANT: If them 21 is marked or frem 18 shows any injury, ar ather traumatic event, the medical exam

STATE OF MARYLAND

¥T	OF	HEAL	TH	AND	MENTAL	HYGIENE	
E	RTI	FICA	TE	OF	DEATH		

1 - STATE REGISTRAR DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.							
(TYP)	CEASED NAME FIRST Mam		Ha	vus	20 DATE OF DEATH	6-6-34	3 Am
3 SE	Female	Black	MONT	OF BIRTH - 17 - 09	6 AGE (IN YEARS LAST BIR	MONTHS DAYS	IF UNDER 24 HRS
10 6	Carolina	76. CITIZEN OF WHAT CO	MARRIE	ED DIVORCED	Balt	Mase Cit	4MD.
11511	Baltimare AL RESIDENCE HENDESING HOME OR	FOR INSUCH FACILITY OF	IVE STREET DORESS)	OR OTHER INSTITUTION	12a USUAL OCCUPATI		
130	STATE 136 COUN ATHER'S DAME	ITY 13c. GITY	ortown Umare.	13d. INSIDE CITY LIMITS?	130 STREET ADDRESS 410 E La	rope as	21218
14 17	Bob	Rob:	inson	Onnie	MIDDLE	Harri	is
	MAS DECEASED EVER IN U.S. AR/ YES, NO OR UNKNOWN) (IF YES, GIVE NKNOWN)	E WAR OR DATES)	IAL SECURITY NO. -70-1929	Johnnie Ma	e Beverly	2720 Fenwi	ick Ave.
	18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIAT	ly one couse per line for (o D BY: E CAUSE (o)), (b), and (c))	lmorary	Embolisas	APPROX BETWEEN	ONSET AND DEATH
	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CO					
TION	PART 2 OTHER SIGNIFICANT C	, 471,	De	werks,	S.P. gastro	slary	
CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATIO		YES NO	120b. IF YEV, WERE FINDER IN CERTIFYING CAUSES YES	
MEDICAL CE	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	19		RRED (ENTER NATURE OF INJUR	RY IN ITEM 18 PART I OR PART 2)	
	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY		211 LOCATION STREET	CITY OR TO	wn COUNTY	STATE
	220. I certify that (I) (this hospit sow the deceased alive an above, (I) (we) (did) (did not	8-1	h. 19 91 01	nd that in (my) (our) apinion	to		that (I) (we) lost couses stated
	226. SIGNATURE	nun	en		MEDICAL STAF	F 22C. DATE	6-PA
	SHAUKAT	Y. KHAN		1528 King	bor Cham	Drive, k	alli my
	BURIAL, CREMATION, REMOVAL BURIAL	23b. DATE		EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	STATE
	UNERAL DIRECTOR	8/11/84	Mount	Auburn Cem	TE REC'D. BY REGISTRAR	TE 25b. RECUSTRAR'S SIGNAT	TURE

BP.

TO HOSPITAL OR ATTENDING PHYSICIAN. The low etained by the hospital ar attending physician.

DHMH - 16 50M 1/81 (VRA 15, 4)

WW. C. MArch

Cem. Baltimore

250. Date REC'D. By REGISTRAR 256. RECUSTRAR'S SIGNATURE

400 Julia Davidson-Handelle

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

executed within 24 hours after

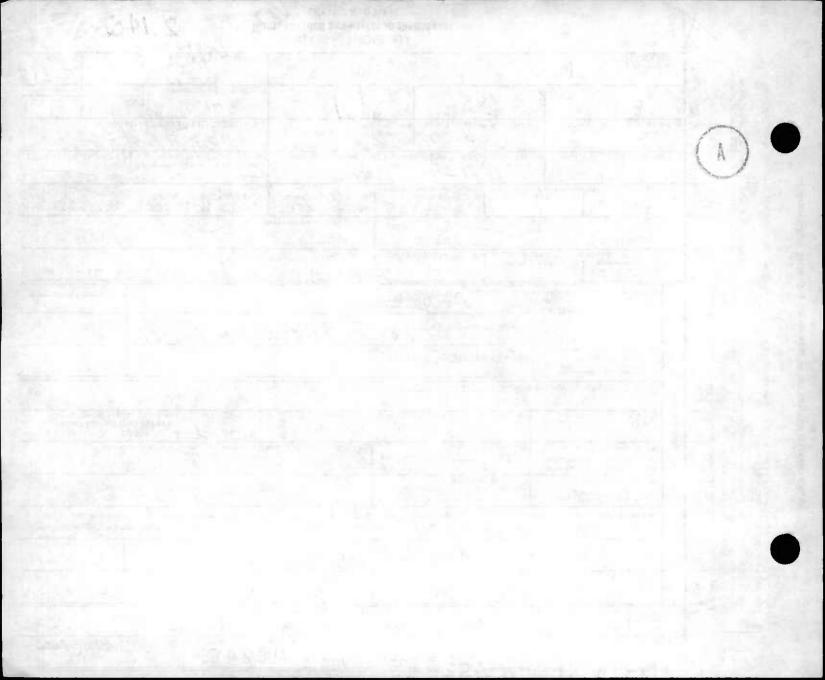
STATE OF MARYLAND

1	- STATE REGISTRAR	DEPA	CERTIF	ICATE OF DEATH	YGIENE REG. I	<u>2</u> 14	2D	- direc	
	DECEASED NAME FRST	MIDDLE B	+	JANUIS	2R. DATE OF DEATH	MONTH DAY	YEAR	25. HOUR 2: 25 M	
3. 3	SEX	1 RACE BLALL	5 DATE C		6 AGE IN YEARS LAST 8	RTHDAY) IF UN MONTH	DER I YEAR	IF UNDER 24 HRS	
	BIRTHPLACE ISTATE OR FOREIGN COUNTRY) N. Carolina	16 CITIZEN OF WHAT COUNT	RY? 8. MARRIEL WIDOWE	D NEVER MARRIED [//. /\.	OR COUNTY OF	DEATH	MD	
10	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH ARBITY, GIVE TIME T ADDRESS)			178. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) A TOTAL OCCUPATION 179. USU				
13	SUAL RESIDENCE IN NURSING HOME OR R. STATE			134 INSIDE CITY LIMITS?	1428 Ho.	lbrook	St.	21202	
	Hubert	MIDDLE Bak		Senia	MIDDLE		omb[s	ė	
164	WAS DECEASED EVER IN U'S. AR. (YES, NO ORUNKNOWN) UNKNOWN IF YES, GIVE	WAR OR DATES)		Hubert Ba	aker, Jr.	735 Eas			
	PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a), stoting the underlying cause lost DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF						Briwenc	MATE INTERVAL PASET AND DEATH	
NO	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CO						PART I	11	
CERTIFICATION	1% DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION		N WAS PERFORMED	200 AUTOPSY?	IN CERTIFYING CAUSES OF DEATH?			
WEDICAL CE	0.0000		DAY-YEAR	21c HOW INJURY OCC	URRED (ENTER NATURE OF IN)	URY IN ITEM 18, PART 1	DR PART 2)		
ME	AT WORK	(AT HOME, STREET, FACTORY, OFF	di	STREET	CITY OR TO	OWN_ C	OUNTY	STATE	
	220.1 certify that (I) (this hospital) attended the deceased from 19 10 10 10 10 10 10 10 10 10 10 10 10 10								
	226. SIGNATURE	SAUS May	PHYSICIAN	ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN					
	22d. PHYSICIAN'S NAME (TYPE OF	1c ans	22R ADDRESS		BAT MA	EC Man			
230	BURIAL CREMATION, REMOVAL			Auburn Ce	m Polt-1m	ore		STATE Md .	
	FUNERAL DIRECTOR NAME Vm C March F/H	ADORESS		25e. D	AUG 2 4 1984	R 25 NREGISTRAR	SEIGNAT	Stydell.	

DHMH-16 25M (VRA 15, 4) 1/79

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the manual contents are supported to the content of the conte

TO HOSPITAL OH ATTENDING PHYSICIAN: The law requires that the death certificate be-retained by the hospital or attending physician.



in by the funeral director

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and c should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

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IMPORTANT; If hem 21 is marked or hem 18 shows

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIE

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1.	FOR STATE REGISTRAR			DEPAR		EALTH AND MI		IEND		5-4		
LDE	CEASED NAME	FIRST		MIDDLE	L/	AST		20 DATE OF	REG. NO		DAY YEAR	2b. HOUR
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2.65			RACE		5 DATE O		71	6 AGE INV			IF UNDER TYEAR	IF UNDER 24 HRS
3 SE	X	1	RACE	1 1	MONTH		YEAR	AGE (INT	AKS LAST BIRT	HUAT)	MONTHS DATS	HOURS MIN.
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	SIRTHPLACE (STATE OF	R FOREIGN 76	CITIZEN OF	WHAT COUNTRY	MARRIE	NEVER MA	ARRIED -		_	_	TY OF DEATH	
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	ITY OR TOWN OF DE	ATH 11	. NAME OF I	HOSPITAL, NURS			UTION	120 USUAL (F BUSINESS OR
	ALTIMORE		VA MED	ICAL CEN		LTO MD					41770	N INC
13e.	STATE THE NUMBER OF THE NUMBER	13h COUNTY		13c. CITY OR TO	WN	13d. INSIDE CIT	Y LIMITS?	13a STREET A	ADDRESS /	ZIP CO	DE /	24
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14. F	ATHER'S NAME	MID	Dif.	LAST		15 MOTHER'S A	MAIDEN NAA	WE	MIDDLE		ŁAS'	
1 -	THOMAS	S C.	HA	RRIS	SR	17			V.	NK		
	WAS DECEASED EVE	R IN U.S. ARME		166 SOCIAL SEC	CURITY NO.	17. INFORMAN	T		ADDRE	SS		0.5
1	JAN /63	WW	TI	226 07	8491	ROBT	HAR	R15	92	10	1REINI	9 AVA
	18 CAUSE OF DEA	TH (Enter only	one couse per	line for (a), (b), (and (cv.)						APPROXI BETWEEN C	MATE INTERVAL DNSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) RCSD, ratory arrest												
		IMMEDIATE		212162121	HENCE OF							
	Conditions, if an	v which	DUE TO, O	RAS A CONSEQ	C Tratic	Prosto	tic (Cance	r		40	IVS
	gove rise to in couse (a), stati	nmediate) (6)—									
1	underlying caus		DUE TO, O	r as a conseq	UENCE OF							
	PART 2 OTHER SIG	SNIEICANT COI	NDITIONS CO	NTRIBITING TO	DEATH BUT	NOT PELATED T	O THE TERMI	IN AL DISEASI	ORCONE	DITION C	SIVEN IN PART 1	
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문			-					YES []	МОП	IN CER	TIFYING CAUSES	OF DEATH?
CERTIFICATION	21a. ACCIDENT WAS UP	NDERLYING T	21b TIME O	F INJURY		121c HOW INJU	JRY OCCURR				B PART I OR PART 2)	NO []
2	OR CONTRIBUTING	CAUSE OF DEATH	110110 1	M. MONTH				TELEVIOLE IN	7011 01 1170			
WEDICAL	(IF EITHER NOTIFY MED		21e PLACE		19	21f LOCATION	J					
MEC	WHILE O NOLV			REET, FACTORY OFFICE	E FARM ETC)	STREET			CITY OR TO	NN	COUNTY	STATE
	AT WORK AT W	ORK			Augus	+ 7	C /	χ	aut +	ne	61	. 1/
	220 1 certify that 0	(this hospital) ottended th Auaust	e deceased from			19_ <u>84</u> _	10 AU)	<u> </u>	, 19 <u></u>	that X (we) last
	sow the deceo obove, X (we)	(did) (XXXI)	lew the body	ofter death.			or, apinion e	Jeoin Occurre	o on the oc	ne ond n		
	226. SIGNATURE	1-0	1 -	ma A		DEGREE	TENDING	MEDICAL	STAF	E 3/	22c DATE	SIGNED
	1/en	l Pac	lgeto	111) 1	nDH	PH	YSICIAN [DIRECTOR				
	224 PHYSICIAN'S	1	. 4			22e ADDRESS						
	Ne. 1	Padget				3900 La	och Ra	ven Bl	ud. B	alto	. Md 212	18
23a	BURIAL, CREMATION	I, REMOVAL	23b. DATE	4	E. NAME OF C	EMETERY OR CR		23d, LOCA			COURTS	
R	EMOVAL -	BURIAL	9/3	1/8/ 1	BLANK	SFORE	CEM	4 P	FIER	SBU	R.G KE	STATE
24. F	UNERAL DIRECTOR	7,1176					25a DATE	E REC'D, BY R				OR ABOL
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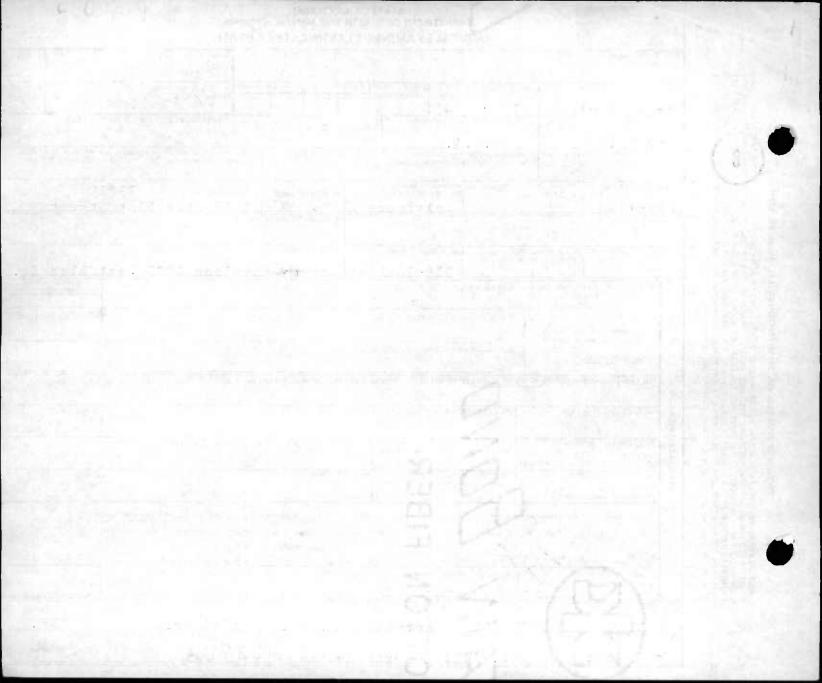
DHMH - 16 50M 4/83 (VRA 15, 4)

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and coi should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

MPORTANT: If them 21 is morked or them 18 shows any injury, or other traumatic event, the

executed within 24 hours off

requires that the death certificate be

HOSPITAL OR ATTENDING PHYSICIAN: The low etoined by the hospital or attending physician

STATE	0F	MARYLAND	

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

and Com	4	_	

	STATE REGISTRAR		CERTI	FICATE OF DEATH	REG. NO	D.	
1. DECE	ASED NAME FIRST Made	cline C.	Hasha	gen	August 25	, 1984	1:25A
3. SEX	emale	4 RACE White		of BIRTH 24, 1907	6. AGE (IN YEARS LAST BIRT	HDAY) IF UNDER LYEA MONTHS DAY:	
	HPLACE ISTATE OR FOREIGN	76. CITIZEN OF WH.	AT COUNTRY? 8 MARRII WIDOW	ED NEVER MARRIED	er County of DEATH	MD	
	OR TOWN OF DEATH	(IF NOT IN SUCH FA	SPITAL, NURSING HOME CILITY, GIVE STREET ADDRESS) Id General 1		ON F WORKING LIFE) INDUSTR	OF BUSINESS OR Y	
USUAL 13a. STA	RESIDENCE (IF NURSING HOMATE 13b. CI	AE OR OTHER INSTITUTION GIVE	RESIDENCE BEFORE ADMISSION	13d INSIDE CITY LIMITS?	130 STREET ADDRESS	ZIP CODE d bourne Ave	237 nue
14. FATH	HER'S NAME FIRST John	MIDDLE Bro	WID LAST	15. MOTHER'S MAIDEN NAM	WE	Rose	AST
	AS DECEASED EVER IN U.S., NO OR UNKNOWN) (IF YE	S. GIVE WAR OR DATES)	219-01-6102	Mr. Richard I	ADDRE M. Hashagen		
F	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost	DUE TO, OR AS	s A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF	T NOT RELATED TO THE TERM	INAL DISEASE OR CONI	DITION GIVEN IN PART	lio
CERTIFICATION	90 DATE OF OPERATION	19b. CONDITIO	ON FOR WHICH OPERATION	ON WAS PERFORMED		S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES NO	
MEDICAL	Pla, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CIFE EITHER NOTIFY MEDICAL EXAMINATION OF CONTRIBUTION	HOUR A.M. NINER) P.M. 21e. PLACE OF	MONTH DAY YEAR	ZII. HOW INJURY OCCURR	RED (ENTER NATURE OF INJUR) State
	20.1 certify that AK (this h	e on August 2	5. 19 04	and that in (My) (our) apinion o	to August		_, that Q€ (we) last he causes stated
7	77b. SIGNATURE	The state of the s		DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	F V	TE SIGNED
2	17d. PHYSICIAN'S NAME (1	YPE OR PRINT)		27a ADDRESS c/o Maryl	and Genera	l Hospital	
	RIAL, CREMATION, REMO Burial	Aug. 28.		CEMETERY OR CREMATORY	23d LOCATION CITY OF TOWN	Howard	STATE Md .

DHMH - 16 50M 4/B3 (VRA 15, 4)

Burial Aug. 28, 1984 Meadowrifge
74. FUNERAL DIRECTOR
Leonard J. Ruck Inc. Baltimore, Maryland

Dorsey Howard Md.

250. DATE REC'D. BY REGISTRAR'S SIGNATURE

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April PA, 1937

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John Rona Anna Ioso

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	PHYSICIAN. The law requires that the death sentitivate be executed within 24 hours often death. Page 4 may be noting physician.	his certificate has been signed by the attending physician and completely filled in by the foreign directle, page 3 e binat-training permit. Then places remove carbonopers, Pages 3 and 2 should be field with 7 mobile when 2 should be field with 7 mobile when 2 should be filled.
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STATE OF MARYLAND

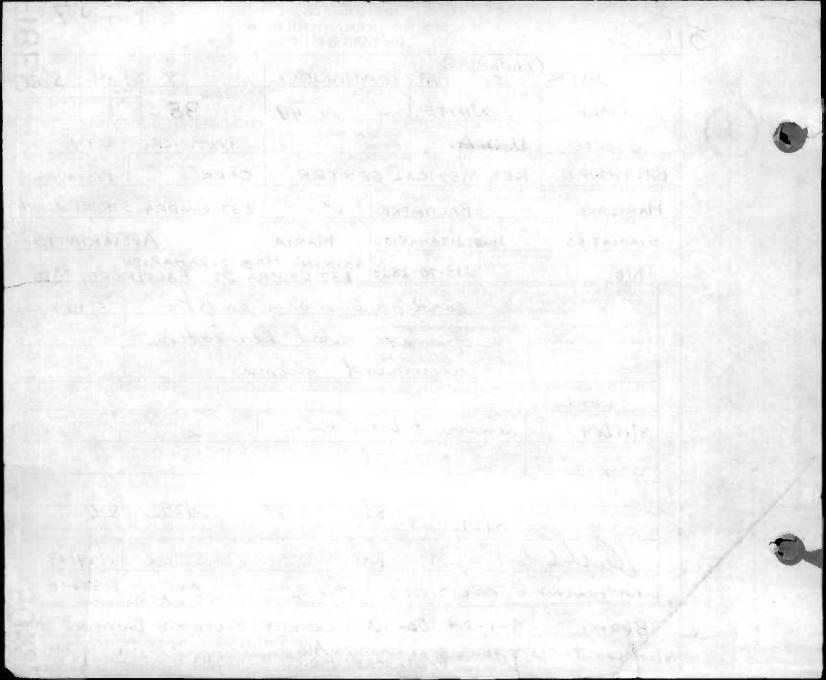
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	1-	FOR STATE REGISTRAR	DEPARTM		EALTH AND MENTAL HYGI CATE OF DEATH	REG. NO	Cm 1		, co	
		DEASED NAME FIRST (ZAHARIAS)		AHARIOU		8 29 8	YEAR 21	5 PM	
	1 SEX	MALE	WHITE	5. DATE O		6. AGE (IN YEARS LAST BIRTH	YRS.	DAYS H	FUNDER 24 HRS	
1	C	OUNTRY) GREECE	U. 5. A.	WIDOWE		BALTIMORE CITY OR	OPE C	ITY	MD.	
1	B	ATIMORE		DORESSI C	ENTER	120 USUAL OCCUPATION (1YPE OF WORK FOR MOST OF	WORKING (#E) IND	USTRY	SUSINESS OR	
7	13a. S	TARYLAND 136. COUNT	OTHER INSTITUTION GIVE RESIDENCE BEFORE ISC. CITY OR TOWN BALTIM	4	YES NO		ZIP CODE BRA ST	REET	21224	
7		STAMATIOS	HANTZIZÁHA		15 MOTHER'S MAIDEN NAM	WIDDIE	APOL	AKIA	ATIS	
		(AS DECEASED EVER IN U.S. ARM ES, NO OR UNKNOWN) (IF YES, GIVE	MED FORCES? 16b. SOCIAL SECUR		ASIMINA H	ANTZIZAH RA ST. B.	ALTIMO		MD.	
		PART I. DEATH WAS CAUSED	y one couse per line for (a), (b), and BY: CAUSE (a)	iopi	Munary	arrest	. 8	and I	TE INTERVAL ET AND DEATH	
		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUE	nce of	it glion	erniate	n			
NO	NOI	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110								
1	CERTIFICATION	8/15/84	196. CONDITION FOR WHICH	was performed the formed	200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO NO					
	ACTOUR	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH DA	Y YEAR	21¢ HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY	IN ITEM 18 PART I OR	PART 2)		
	MEDICAL	VMILE NOT WHILE AT WORK AT WORK	21e. PLACE OF INJURY (AT HOME, STRLET, FACTORY, OFFICE, FA	ARM, ETC)	211 LOCATION STREET	CITY OR TOW	in con	UNIY	STATE	
		220.1 certify that (I) (this haspite saw the deceased alive an above, (I) (we) (did) (did not	8/29 19 8		d that in (my) (our) opinion o	death occurred on the date		rom the ca		
		The Sicyard Will	LARYN	N	ATTENDING PHYSICIAN	MEDICAL STAFI DIRECTOR PHYSICI	F	129	184	
		22d. PHYSICIAN'S NAME (TYPE OR	L. BRELSFOR		BAT	TERN AU	EMD. F	- SKI	MC	
	(:	BURIAL SPECIES OF THE	236. DATE 236 N		EMETERY OR CREMATORY WN CEMETER			FIMOR		
	N 1	CHOLAS T. M	ATTHEWS, BOZI	EAS	TERNAUE SET	E REC'D. BY REGISTRAR 2	Sh. REGISTRAR'S S	SIGNATUR	riviole.	

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR: A should be detached for use with the State Dept. of Heal

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter attach. Page 4 years	retained by the haspital or attending physician.	TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the furnered director.	should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filed within 72 hours after seath	with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 21 is marked at Item 18 shaws any injury, at other traumatic event, the medical examiner must be notified at anter-	1 3 0 1
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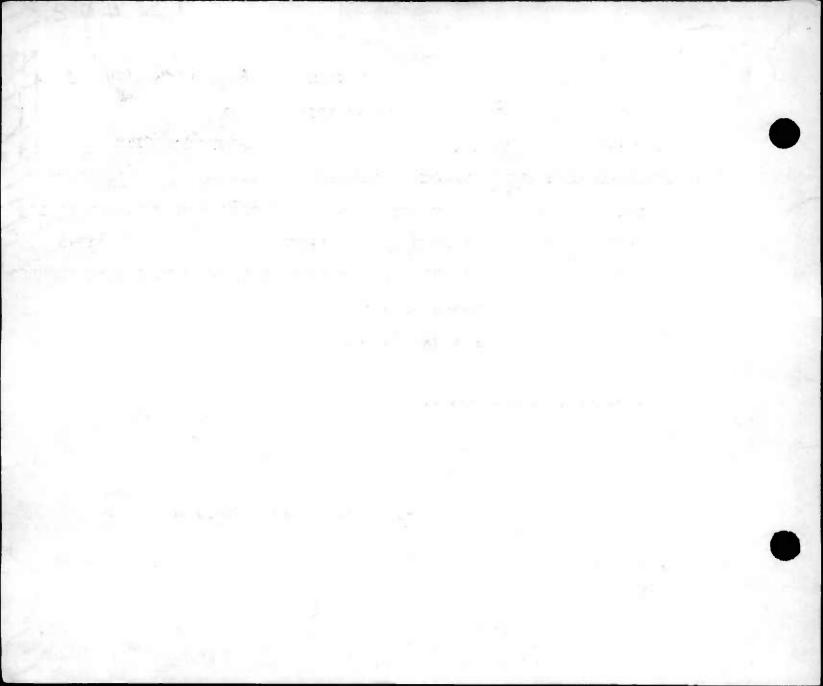
FOR DEPARTMENT OF HEAL STATE REGISTRAR CERTIFICA

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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ENTAL HYGIENE	E +0	•	
ATH			

1 -	REGISTRAR			CERTIF	ICATE OF DEATH	REG	NO.			
	CEASED NAME FIRST		MIDDLE	i	AST	20. DATE OF DEATH		DAY YEAR	2b. HOUR	
,,,,,		THONY			HAUBNER	August	16	1984	1	A M
3. SE	X	4. RACE		5. DATE C		6. AGE (IN YEARS LAS	T BIRTHDAY)	MONTHS DAYS	IF UNDER 24	4 HRS
	MALE	WHI	TE	MAY	14 1903	81	YR	1	HOURS	MIN.
	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.	D X NEVER MARRIED	9. BALTIMORE CIT	Y OR COU	NTY OF DEATH		
W		U.S	S.A.	WIDOWE		BALTIMO	RE (CITY		M
10 C	ITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN		OR OTHER INSTITUTION	12a USUAL OCCUP			OF BUSINES	
BA	LTIMORE CIT	YUNION	CH FACILITY, GIVE STREET A	L HO	SPITAL	TATLOR	IST OF WORKIN	CLEA	NERS	
	AL RESIDENCE (IF NURSING HOM							The Control of the Co		
130.	MD.	-	BALTIMO		13d. INSIDE CITY LIMITS?	3525 DU		AVENUE	212	13
14. F.A	ATHER'S NAME			1,10	15 MOTHER'S MAIDEN NA	ME		110 110 1	212.	
	JOHN	MIDDLE	HAUBNER		MARGAR	ET.	E	₩.T	RTH	
16a V	WAS DECEASED EVER IN U.S.	ARMED FORCES?	16b SOCIAL SECU		17. INFORMANT		DRESS	***	1(11)	
- {	YES, NO OR UNKNOWN) (IF YES	GIVE WAR OR DATES)	218-32-	9341	MARGARET	HAUBNER	(WIFI	F) SAME	ADDI	ਸ਼ਰ
			+		MARGARET	IIAODNEK	(AATT)		IMATE INTERV.	
18. CAUSE OF DEATH lEnter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac arrest										EALF
CERTIFICATION	Metastatic	d	Cancer DITION FOR WHICH	OPERATIO	n was performed	200 AUTOPSY?		YES, WERE FINDI		
Į į						YES NO		YES	NO 🗌	
	. 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	1100110 1		AY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF	NJURY IN ITEM	IS PART (OR PART 2)		
SAL	(IF EITHER NOTIFY MEDICAL EXAM		.M.	19						
MEDICAL	21d INJURY OCCURRED		OF INJURY TREET FACTORY, OFFICE F	ARM ETC)	211 LOCATION STREET	CITYO	RTOWN	(OUNTY	STA	ATE.
	AT WORK AT WORK			41	1 15 011	Maran et	11	577		
	220 I certify that (I) (this has saw the deceased alive	aspital) attended the	he deceased fram _1		15 19 84 nd that in (my) (aur) apinian	10 August	16		that (I) (we	
	dodve, (i) (we) (did) (did	nat) view the body	y after death.			deam accurred on m	e date and			ea
١,	22h SIGNATURE	landa "	SND.		DEGREE ATTENDING		TAFF	22c DATE 8 - 16		
1	22d PHYSICIAN'S NAME (I)	1	siev.		PHYSICIAN [22e. ADDRESS	DIRECTOR PHY	SICIAN L			
	Maria Delgo		D.		UNION MEMO	NDTAT. HOS	מידסמ	т.		
23o. E	BURIAL, CREMATION, REMOV			NAME OF C	EMETERY OR CREMATORY	123d LOCATION) L I I I	L.L.J		_
	BURIAL	8/18/			edeemer	CITY OR TOW		COUNTY	Md.	
24 FI	UNERAL DIRECTOS CHIN			ME	TNC 250. DA	TE REC'D. BY REGISTE	timos RAR 256 REC	GISTRAR'S SIGNA		_
	NAME DCILLE	DEOPER IC	Lane, Ba	1+0	21213 AL	JG 1 7 1984	1 Julie	2 Davidson	Rande	-
	2221	DI GIIIII2 1	name, pa	100	21213	1 100	1	The second of th		

DHMH - 16 50M 4/83 (VRA 15, 4)



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completely filled in by the

remove corbanpopers. Pages

should be detached for use as the burial-transit permit. Then please remove carban pape with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remaval.

IMPORTANT: If Hem 21 is morked or Hem 18 sh

injury, ar ather troumatic event, the

FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH**

REG.	NO.						
TE OF DEATH	MONTH	DAY	YEAR	26 HOUR			
UGUST	10.1	984		10:45			

		* 8					REG	, NO.				
	EASED NAME FIRST		WIDDLE	L	AST	2a. D	ATE OF DEATI	H MON	TH DAY	Y YEAR	26 HOUR	
11176	JAMES				KINS	_	UGUST				10:45 %	
3. SEX		4. RACE		5. DATE C		6 AG	E (IN YEARS LAS	T BIRTHDA'		UNDER 1 YEAR	IF UNDER 24 HRS.	
	Male	131	1ack	Ser			1.0		YRS.	\perp I	THOUSE MILE.	
	THPLACE STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9 BA	LTIMORE CIT	Y OR CO	O YTMUC	FDEATH		
	OUNTRY)	71.5	5. A.	WIDOWED DIVORCED BALTIMORE					E CI	CITY		
10. CIT	Y OR TOWN OF DEATH				OR OTHER INSTITUTION		SUAL OCCUP				OF BUSINESS OR	
BA	LTIMORE		CHEACILITY, GIVE STREET		HOSPITAL	(TYPE	OF WORK FOR MC	OST OF WO	RKING LIFE)	INDUSTRY	1 /7	
USUA	L RESIDENCE HE NURSING HOME OR	OTHER INSTITUTION	I, GIVE RESIDENCE BEFORE	ADMISSION)							1 00.	
13a. S	TATE 136 COUN	ITY	13c. CITY OR TOW		13d INSIDE CITY LIMITS?	13e.S1	REET ADDRE	SS / ZIF	CODE	010	10	
10.00	190.		12ditin	ope	YES NO D	1/7	X6 Eio	(8 W	Ot.	042	18	
14. FA	THER'S NAME FIRST	MIDDLE	, LAST		FIRST	NAME	MIDDI	E		LA	st	
SANDY HAWKINS TINKNOWN												
	AS DECEASED EVER IN U.S. AR		166 SOCIAL SECU	JRITY NO.	17 INFORMANT		AD	DRESS			10	
(4)	ES, NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES)	218-09-	8500	Mrs. Mart	421	Hanni	5/7	726 E	.284	WSt.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)									BETWEEN	XIMATE INTERVAL		
ш	PART I. DEATH WAS CAUSE		CARDIOP	ULMO	NARY ARRE	FCT						
L 1	DUE TO, OR AS A CONSEQUENCE OF											
									3	DAYS		
	Conditions, if ony, which gove rise to immediate	(b)	ACUT	7 1	DAOMINAL	V Z	141			+		
	couse (a), stating the	DUE TO, O	R AS A CONSEQU	ENCE OF						L		
		((c)								1		
	PART 2 OTHER SIGNIFICANT	ONDITIONS C	ONTRIBUTING TO	DEATH BUT								
CERTIFICATION	CYANOSIS	DISTAI	LEXTREM	1 ITIES	CONGESTIV	1 E HE	ART FAI	LUR	E, U	JEIGH	IT LOSS	
I 🛪 I	19a DATE OF OPERATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200	AUTOPSY?				INGS USED	
Ĕ	NONE					YE	S NO		YES		S OF DEATH?	
8	21a. ACCIDENT WAS UNDERLYING	216. TIME C	OF INJURY		21c. HOW INJURY OCCL			XX			, , ,	
	OR CONTRIBUTING CAUSE OF DEA	110110 4	.M. MONTH D.	AY YEAR								
EDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER		.M.	19	AN LOCATION							
월	21d INJURY OCCURRED		OF INJURY REET, FACTORY, OFFICE, I	FARM, ETC.)	21f LOCATION STREET		CITY C	RTOWN		COUNTY	STATE	
	AT WORK NOT WHILE AT WORK											
	220 I certify that (I) (this haspi	tol) attended t	he deceased from_	8/	19.85	/ , to	. 8	1996	2 , 19	84	, that (I) (we) last	
	saw the deceased alive on above, (I) (we) (did) (did no	8//	19_	84.01	nd that in (my) (our) apinio	on deoth	occurred on th	e date a	ind hour a	nd from the	e couses stated	
1	22b. SIGNATURE	A	1117		DEGREE					22¢ DATE	ESIGNED	
	Kennoth /	amos	Holan	11.	M.D. ATTENDING		DICAL STORE	STAFF	N	18.	10-84	
1	22d. PHYSICIAN'S NAME STYPE O	R PRINT)	- FOR CAN	ga '	22e ADDRESS 7	TON	NS A	IOP	EINS	HO	SPITAL	
	KENINIT-TIL-T	MARC	HOLDON	'n	(no 1/11-16	2 C.L	RAIT	T 111/1	nox 1	ב ממו	1705	
	MENVIVEIN VI	7/1/2	MULKOT	U	1000 IV, WOITE	e JT	UNU	Im	1	110 0	1000	

BP.

TO FUNERAL DIRECTOR:

TO HOSPITAL

DHMH - 16 50M 4/83 (VRA 15, 4)

230. BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY)

24 FUNERAL DIRECTOR

23c. NAME OF CEMETERY

BY REGISTRAR 23 D. REGISTRAR'S SIGNATURE

5 4001 Juna Dandson-Handale



requires that the death certificate be executed within 24 hours offer

OR ATTENDING PHYSICIAN: The law

TO HOSPITAL OR ATTENDING PHYSICIAN: The retained by the hospital or ottending physician.

STATE OF MARYLAND

	FOR STATE REGISTRAR				EALTH AND MENTAL HYG ICATE OF DEATH	REG. N	0.				
	DECEASED NAME FIRST		MIDDLE	- 1	AST	20. DATE OF DEATH	MONTH OAT	Y YEAR	26 HOUR		
	(TYPE OR PRINT) JAMES			F	AWKINS	AUGUST	14.19	18/	4.00PM		
3	. SEX	4. RACE	5.		OF BIRTH	6 AGE (IN YEARS LAST BIR	THDAY) IF	UNDER I YEAR	IF UNDER 24 HRS		
L	MALE	NEGRO	12-2-1	MA	RCH 24.1911	73	YRS.	INTHS DAYS	HOURS MIN.		
7	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY? 8.		D NEVER MARRIED X	9. BALTIMORE CITY O	R COUNTY O	F DEATH			
	Maryland	U.S.		MARKIEI		Balto.	City		MD.		
T	O CITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSING	HOME C	OR OTHER INSTITUTION	128 USUAL OCCUPATI		12b. KIND C	OF BUSINESS OR		
	Balto.	C .	Agnes Hosp	RESSI		Maintenand		INDUSTRY			
	USUAL RESIDENCE (IF NURSING HOME 130. STATE 13b. COI		136 CITY OR TOWN	MISSION)	1134. INSIDE CITY LIMITS?	13e.STREET ADDRESS					
	Md.		Balto.		YES NO	2803 Rock		VP. 21	1215		
1	4. FATHER'S NAME				15. MOTHER'S MAIDEN NA	WE					
1	Lewis	WIDDIE	Hawkins		Annie	MIDDLE	F	ord	51		
10	60 WAS DECEASED EVER IN U.S.		166. SOCIAL SECURIT	YNO.	17 INFORMANT	ADDRE			t Court		
L	(YES NO OR UNKNOWN) (# YES, 6	GIVE WAR OR DATES)	219-07-059								
F	18 CAUSE OF DEATH (Enter	only one couse pe				/			MATE INTERVAL ONSET AND DEATH		
Т	PART I. DEATH WAS CAUS	SED BY: ATE CAUSE (o)	Cardin-	- 1	monery or	rest					
	IMMEDI		AS A CONSCOUEN					40	0000		
1	Conditions, if ony, which	DUE TO, C	PRASA CONSEQUENCE						min.		
	gave rise to immediate couse (0), stating the underlying couse last.	DUE TO, 9	or as a consequence	E OF	hemortage "	March leader	i to seizur	4	5 7 Ew		
1	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN								0.		
	NO 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING										
1	S 190. DATE OF OPERATION	196. COND	ITION FOR WHICH OPERATION WAS PERFORMED			20a AUTOPSY?		WERE FINDING CAUSES	NGS USED OF DEATH?		
	H L					YES NO	YES		NO 🗌		
2			OF INJURY	YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM IB PAR	I I OR PART 2)			
1	(IF EITHER, NOTIFY MEDICAL EXAMP	VER) P	.M.	19							
	OR CONTRIBUTING CAUSE OF E (IF EITHER, NOT IFFY MEDICAL EXAMP 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK		OF INJURY FREET, EACTORY, OFFICE, FARM	(ETC)	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE		
1	22a.1 certify that (1) (this has	pital) attended t	he deceosed from		, 19	, to	, 19	,	that (I) (we) lost		
I	saw the deceased alive a	saw the deceased alive an									
1	226 SIGNATURE		y oner deam.	17 8	DEGREE	MEDICAL STA	er.	22c. DATE	SIGNED		
	Alman	~-				MEDICAL STA		8/	14/84		
	AQIL P.	IMAN	1		ST. AGN	IES HOS	PITTA	76			
7	230 BURIAL, CREMATION, REMOVA	AL 236 DATE	23c NA/	ME OF C	CEMETERY OR CREMATORY	23d. LOCATION					
	(SPECIFY) Removal	8/16/8	84			CITY OR TOWN		COUNTY	STATE		
2	24 FUNERAL DIRECTOR				25a DAT	E REC'D BY REC'S TRAP	156 RECIDIO	APPERENT	URE		

BP DHMH - 16 50M 4/83

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the luminal should be detached for use as the buriol-transit permit. Then please remove carbonapaers. Pages I and 2 should be filed within 7 It with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, ar removal.

IMPORTANI: If them 21 is marked at Item 18 shows any injury, ar other troumatic event, the medical expanse marked and the property of the proper

(VRA 15, 4)

Anatomy Board

Balto., Md.

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Smyth DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 Dennis Dr by Non Med as Released

4 moy be DING PHYSIGNATE MEGICATION RAMETHER WOLFFEET FOR CONTINUE OF THE GOOD. P. FOR

STATE
REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH**

		cell		Hawk			Augu				11:1 IF UNDER 24
3 SE		4 RACE		5 DATE C	DAY	YEAR	AGE (IN	YEARS LAST BIF	(THDAY)	MONTHS DAYS	HOURS /
/ _	male BIRTHPLACE (STATE OR FOREIGN		ack WHAT COUNTRY?	8_	10	84	O DALTIA	OBE CITY O	YRS	Y OF DEATH	
4	COUNTRY)	100		MARRIE	D NEVER MA	RRIED X	y BALTIM	OKECITY	K COUNT	TOFDEATH	
	Maryland City or town of DEATH	U.S.	A . HOSPITAL, NURSING	WIDOWE	D DIVO	RCED []		timo OCCUPAT			OF BUSINESS
	CHI OK TOWN OF DEATH	(IF NOT IN SU	CH FACILITY, GIVE STREET A	DDRESS				ORK FOR MOST			JI 003114E30
	Altimore UAL RESIDENCE (IF NURSING HOW	The Jo	hns Honk	LINS	Hospit	al					
130	STATE 13b. Co	OUNTY	13c. CITY OR TOWN	١	13d. INSIDE CITY		13e STREET				10 21
_	aryland *		Baltimo	re	YES XX N	AAIDEN NA		Crei	ISHAW	Ayeni	ie 21.
	FIRST	MIDDLE	LAST		FIR	151		MIDDLE		TAT AL AL A	ST
160	Dwayne was deceased ever in u.s.	ARMED FORCES?	Hawkins	ON YIIS	17 INFORMAN	nise		ADDR	ESS	Witt	cre
		S, GIVE WAR OR DATES)	N/A		Marian		kins	624 F	East	37th	Stree
-	18 CAUSE OF DEATH (Ente										ONSET AND DE
1	PART I. DEATH WAS CA	USED BY:	CARDIOPUL		HRM ADI	REST				BELANEEN	ONSE! AND DE
	IMMEL				WO TIN	1001					
1	Conditions, if any, which		R AS A CONSEQUEN		LEFT VE	NTRIC	LE			8	days
	gove rise to immediate couse (a), stating the	.)	R AS A CONSEQUE								
	underlying couse lost		R AS A CONSECUE	ACE OF							
1_	PART 2. OTHER SIGNIFICAL	NT CONDITIONS C	ONTRIBUTING TO D	EATH BUT	NOT RELATED T	O THE TERM	VINAL DISEA	SE OR CON	IDITION GI	VEN IN PART I	10
NOI	PART 2. OTHER SIGNIFICAL		-								
ICATION	PART 2. OTHER SIGNIFICAL		ONTRIBUTING TO D				VINAL DISEA		206 IF YE	VEN IN PART I	NGS USED
RTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHICH (N WAS PERFORM	ΛED	20a AU	OPSY?	206 IF YE	S, WERE FIND! FYING CAUSES ES []	NGS USED
CERTIFICATION		196 COND	ITION FOR WHICH (OPERATIO		ΛED	20a AU	OPSY?	206 IF YE	S, WERE FIND! FYING CAUSES ES []	NGS USED S OF DEATH?
100	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CHEET CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION MEDICAL EXAM	196 COND 216 TIME C HOUR A	ITION FOR WHICH C	OPERATIO	N WAS PERFORM	MED IRY OCCURI	20a AU	OPSY?	206 IF YE	S, WERE FIND! FYING CAUSES ES []	NGS USED S OF DEATH?
MEDICAL CERTIFICATION	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CHE EITHER NOTHY MEDICAL EXAM 214. INJURY OCCURRED	196 COND 196 COND 216 TIME C HOUR A P 216 PLACE	ITION FOR WHICH C	OPERATION Y YEAR	N WAS PERFORM	MED IRY OCCURI	20a AU	OPSY?	206 IF YE IN CERTI Y	S, WERE FIND! FYING CAUSES ES []	NGS USED S OF DEATH?
-	190 DATE OF OPERATION 21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OI (# EITHER NOTHY MEDICAL EXAM 21d. NUJURY OCCURRED WHILE NOTH WHILE AT WORK AT WORK	196 COND 216 TIME CHOUR A PAINER) 21e PLACE (AT HOME, ST	OF INJURY M. MONTH DA' M. OF INJURY REEL, FACTORY OFFICE, FA	Y YEAR 19 RM ETC)	21t HOW INJU	MED IRY OCCURI	20a AU	NO 💽 NATURE OF INJU	206 IF YE IN CERTI Y IRY IN ITEM 18	S, WERE FINDI IFYING CAUSES ES [] PART T OR PART 2)	NGS USED S OF DEATH: NO
-	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERTYING OR CONTRIBUTING CAUSE OI (IF EITHER NOTIFY MEDICAL EXAN 21d. INJURY OCCURRED WHILE AT WORK NOTIFY OF AT WORK 220.1 certify that (1) (this h	196 COND 196 CO	OF INJURY M. MONTH DA' OF INJURY REEL, FACTORY OFFICE, FA	Y YEAR 19 RM ETC)	21t HOW INJU	AED IRY OCCURI	200 AU' YES RED (ENTER 1	OPSY? NO A NATURE OF INJU CITY OR TO	206 IF YE IN CERTI Y PIRY IN ITEM 18	S, WERE FIND! IFYING CAUSE: ES PART 1 OR PART ?) COUNTY	NGS USED S OF DEATH? NO
-	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OI (# EITHER NOTHE MEDICAL EXAN 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 220.1 certify that (1) (this h sow the deceased alive obove. (1) (we) (did) (die	196 COND 196 CO	OF INJURY M. MONTH DA' OF INJURY REEL, FACTORY OFFICE, FA	Y YEAR 19 RM EIC)	21c HOW INJU	AED IRY OCCURI	200 AU' YES RED (ENTER 1	OPSY? NO A NATURE OF INJU CITY OR TO	206 IF YE IN CERTI Y PIRY IN ITEM 18	S, WERE FIND IFYING CAUSES ES PART TORPART 2) COUNTY 1984 ur and from the	NGS USED S OF DEATH? NO stat
12	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERTYING OR CONTRIBUTING CAUSE OI (IF EITHER NOTIFY MEDICAL EXAN 21d. INJURY OCCURRED WHILE AT WORK NOTIFY OF AT WORK 220.1 certify that (1) (this h	21b TIME C F DEATH HOUR A AINER) 21e PLACE (AT HOME ST cospital) oftended the on AUGUAT d not view the body	OF INJURY M. MONTH DA' M. OF INJURY REEL, FACTORY OFFICE, FA The deceosed from 19 The deceosed from 19 The collection of the collection	Y YEAR 19 RM EIC)	211 LOCATION STREET	MED IRY OCCURI	ZOO AU' YES TRED (ENTER P	NO SANATURE OF INJU	20b IF YE IN CERTI Y Y IN ITEM 18	S, WERE FINDI IFYING CAUSE: ES PART T OR PART 2) COUNTY 19 & Ur and I rom the	MGS USED S OF DEATH? NO that (I) we couses state
100	190 DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF ETHER NOTHY MEDICAL EXAN 21d INJURY OCCURRED WHILE NOT WHILE AT WORK 22a.1 certify that (1) (this h sow the deceased allow above, (1) (we) (did 1 (did 17). ILENATURE	I96 COND 216 TIME C HOUR A AINER 21e PLACE (AT HOME ST e on AUGUST d not) view the body	OF INJURY M. MONTH DA' OF INJURY REEL, FACTORY OFFICE, FA	Y YEAR 19 RM EIC)	211 LOCATION STREET	MED IRY OCCURI	ZOO AU' YES RED (ENTER *	NO SANATURE OF INJU	20b IF YE IN CERTI Y Y IN ITEM 18	S, WERE FIND IFYING CAUSES ES PART TORPART 2) COUNTY 1984 ur and from the	NGS USED S OF DEATH? NO stat
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MEDICAL	190 DATE OF OPERATION 21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF OR CONTRIBUTING AND COURRED WHILE NOT WHILE AT WORK 21d INJURY OCCURRED WHILE NOT WHILE AT WORK 220-1 certify that (1) (this he sow the deceased alive above. (1) (we) (did) (did) 77% SIGNATURE ZUCKER,	21b TIME CHOUR A ANINER) 21e PLACE (AT HOME ST ANIONE S	DE INJURY M. MONTH DA' M. MONTH DA' M. OF INJURY REEL FACTORY OFFICE, FA The deceosed from All 19 MD	Y YEAR 19 RM ETC)	21t HOW INJU	IRY OCCURI	Z00 AU YES RED (ENTER 1	Augus Augus Ted on the d STAR PHYSIC	20b IF YE IN CERTI Y Y IN ITEM 18	S, WERE FINDI IFYING CAUSE: ES PART T OR PART 2) COUNTY 19 & Ur and I rom the	MGS USED S OF DEATH? NO that (I) we couses state
MEDICAL	190 DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF ETHER NOTHY MEDICAL EXAN 21d INJURY OCCURRED WHILE NOT WHILE AT WORK 22a.1 certify that (1) (this h sow the deceased allow above, (1) (we) (did 1 (did 17). ILENATURE	21b TIME CHOUR A ANINER) 21e PLACE (AT HOME ST ANIONE S	DE INJURY M. MONTH DA' M. OF INJURY REEL FACTORY OFFICE, FA and deceosed from 19 23c. N.	Y YEAR 19 RM ETC) ANAGW	211 LOCATION STREET 211 LOCATION STREET 212 ADDRESS EMETERY OR CR	IPY OCCURI	Z00 AU YES RED (ENTER* 10 deoth occur MEDICA DIRECTO	CITY OR TO STAR PHYSIC ATION TO OR TOWN	20b IF YE IN CERTIN Y IN ITEM 18	S, WERE FINDI IFYING CAUSE: ES PART T OR PART 2) COUNTY 19 & Ur and I rom the	MGS USED S OF DEATH? NO that (I) we couses state
WEDICAL 23a	190 DATE OF OPERATION 21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IB EITHER NOTIFY MEDICAL EXAM 21d INJURY OCCURRED WHILE NOTIFY MEDICAL EXAM AT WORK 220.1 certify that (I) (this h sow the deceased allow above, (I) (we) (did) (did) The standard of the second of the se	196 COND 196 COND 196 COND 196 COND 196 COND 196 COND 196 COND 196 COND 196 COND 196 COND 216 PLACE (AT HOME ST (AT	DE INJURY M. MONTH DA' M. OF INJURY REEL FACTORY OFFICE, FA and deceosed from 19 23c. N.	Y YEAR 19 RM ETC) ANAGW	211 LOCATION STREET 211 LOCATION STREET ATT PH 22e ADDRESS	IRY OCCURI 19 24 ur) opinion (ENDING YSICIAN E HYUS EMATORY EMATORY	Z00 AU YES RED (ENTER* 10 deoth occur MEDICA DIRECTO 23d LOC An	CITY OR TO AUGHS CITY OR TO AUGHS CATION IT OR TOWN TO RETOWN 206 IF YE IN CERTINY PRY IN ITEM (8) OWN FF CIAN E 125 REGIS	COUNTY 19.84 120 DATE 8	that (I) we couses state SIGNED 21/84	

DHMH - 16 50M 4/83 (VRA 15, 4)

OR ATTENDING PHY

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20. DATE OF DEATH DECEASED NAME 2b. HOUR LTYPE OR PRINTS AthANIE IF UNDER I YEAR IF UNDER 24 HRS 3. SEX 4 RACE 5. DATE OF BIRTS 6. AGE (IN YEARS LAST BIRTHDAY) white MONTH 898 BALTIMORE CITY OR COUNTY OF DEATH 76. CITIZEN OF WHAT COUNTRY STATE OR FOREIGN MARRIED NEVER MARRIED COUNTRY Mary WIDOWED DIVORCED TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120. USUAL OCCUPATION 126 KIND OF BUSINESS OR the d NOT IN SUCH FACILITY, GIVE STREET ADDRESS) INDUSTRY Bal MSP CO cater refuse ropaul Denn USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION 13b. COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Baltimore Baltimore YES V NO [2152 Whistler Ave Maryland 15. MOTHER'S MAIDEN NAME 4. FATHER'S NAME 2 MIDDLE LAST MIDDLE pug Crowlev Haves Mary James ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT (YES. NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Celia Wonneman 2152 Whistler NO APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for 10), (b), and (c) ovo -PULMONARY ARREST PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a elevatic Cardio vascular distant DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF please underlying cause last. 'n PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 90 CERTIFICATION prior 20a AUTOPSY 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? HERTIS Shaws Nd YES NO F the buriol-transit and Mental Hygie 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 21a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION CITY OF TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE WHILE AT WORK 220.1 certify that (1) (this haspital) attended the deceased from hospital saw the deceased alive an and that in (my) (our) apinion death accurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death be detached to e State Dept. 22h, SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING + - MEDICAL DIRECTOR PHYSICIAN MPORTANT: PHYSICIAN

MIDDLE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

22e_ADDRESS

Arbutus, Md. 2122 250. DATE REC'D. BY REGISTRAL

294 LOCATION

CITY OR TOWN

Glen Burnie

Aulia Dayson

23c NAME OF CEMETERY OR CREMATORY

Glen Haven

REG. NO

STATE

DHMH - 16 50M 4/82 (VRA 15, 4)

BP.

should be 0 4

FOR

- STATE

REGISTRAR

22d PHYSICIAN'S NAME

23a. BURIAL, CREMATION, REMOVAL

Burial

(SPECIFY)

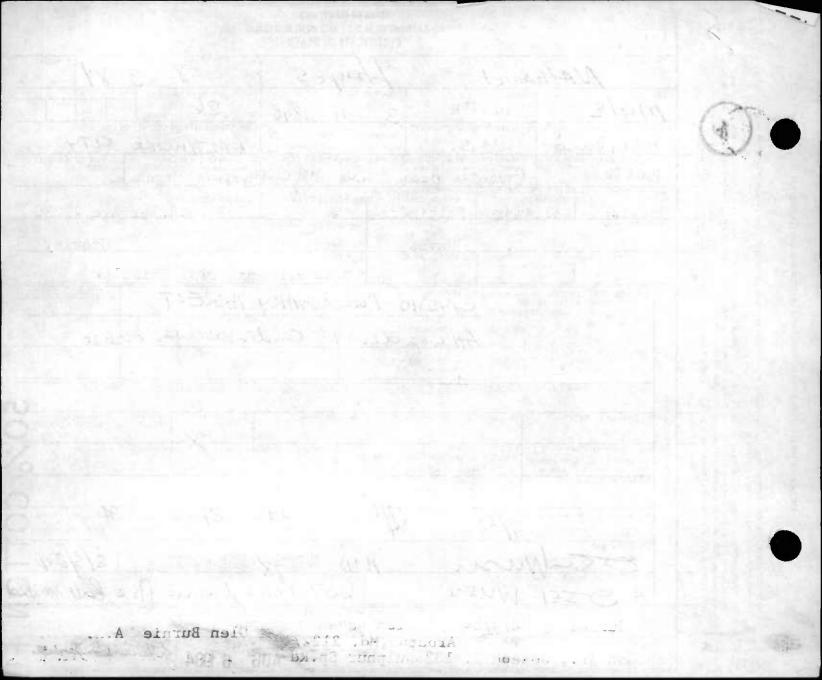
Ambrose

24. FUNERAL DIRECTOR

23b. DATE

8/8/84

Jr., Joseph F. 1328sulphur Sp.Rd



requires that the death certificate be executed within 24 hours after death. Page

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician.

BP. DHMH - 16 50M 4/82

(VRA 15, 4)

Leonard J. Ruck.

Inc.

5305 Harford Pd

STATE OF MARYLAND

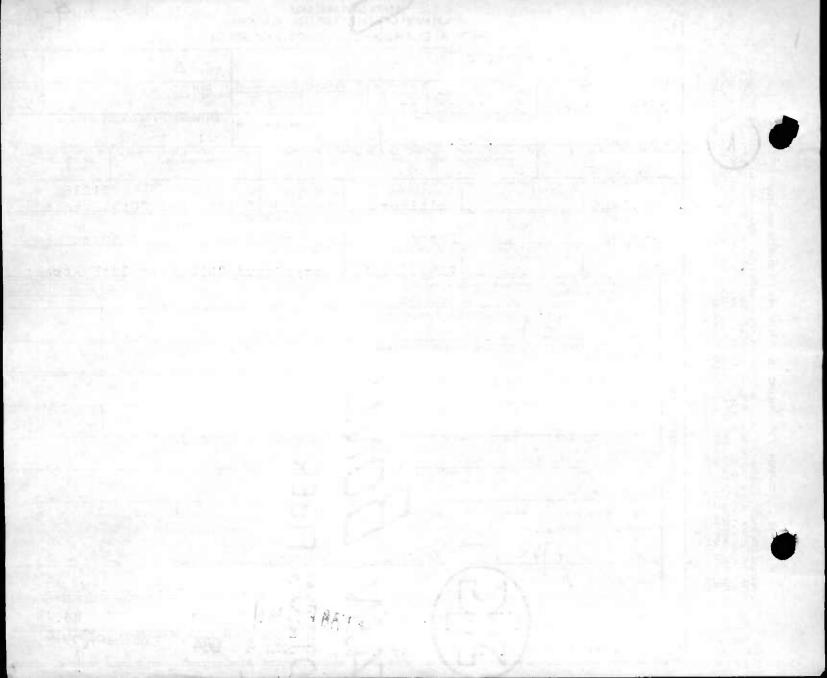
3

	-	STATE REGISTRAR		EALTH AND MENTAL HYGI	REG. NO.	
	(TYPE	Duby Boy	(Steven) Hayne	s (Landress)	20. DATE OF DEATH MONTH	30 84 227
	3. SEX	Male	Caucasian 8	OF BIRTH DAY YEAR 9 84		IF UNDER 1 YEAR IF UNDER 2. MONTHS DAYS HOURS YRS.
35		ethplace istate or foreign ountry) Mary land	b. CITIZEN OF WHAT COUNTRY? 8. MARRIEI WIDOWE	D NEVER MARRIED X	9. BALTIMORE CITY OR CO	(-1
37	10. CT	altimore	11. NAME OF HOSPITAL, NURSING HOME C (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	or other institution	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORL)	(RING LIFE) 12b. KIND OF BUSINES
	USU 4 13a. S	L RESIDENCE (IF NURSING HOME OR	OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) TY 136 CITY OR TOWN	YES NO D	12 4/2 East	ern Avenue 2
3C	14. FA	THER'S NAME FIRST harles	Hay hes	Teresa	AE MIDDLE	Landress
2		AS DECEASED EVER IN U.S. ARA	AED FORCES? 166, SOCIÁL SECURITY NO.	Parents	ADDRESS	above
in the second se	TION		ONDITIONS CONTRIBUTING TO DEATH BUT			N GIVEN IN PART ITO
J. Superson	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WHICH OPERATIO		YES NO	YES NO
9	-	210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA' (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH DAY YEAR		ED (ENTER NATURE OF INJURY IN IT	EM 18 PART : OR PART 2)
ō	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY STA
		AT WORK AT WORK				
n z i is morked		22a. I certify that (1) (this haspit sow the deceased alive an above, (1) (we) (did) (did not	8-29 19 84, or		, to 8 - 3 p	nd hour and from the causes stat
n nem z i is		22a. I certify that (I) (this hospit	8-29 19 84, or	DEGREE ATTENDING PHYSICIAN	, 10	nd hour and from the causes state 22c. DATE SIGNED
n nem z i is		22a. I certify that (1) (this haspit sow the deceased alive an above, (1) (we) (did) (did not	8-29 19 84, or	nd that in (my) (our) opinion (death occurred on the date of	22c. DATE SIGNED
M-OKIANI: II III III III III III III III III I		22a. I certify that (1) (this haspit sow the deceased alive an above, (1) (we) (did) (did not	Joview the body offer death. 19 14, or Semeth 19 1236. NAME OF C	DEGREE ATTENDING PHYSICIAN 220 ADDRESS EMETERY OR CREMATORY	death occurred on the date of	Baltiman

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		The transfer of the same	
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20M 4/B2

Jet	/	OR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE	4			
1		TATE EGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.				
		EASED NAME FIRST FI (FREDD	REDERICK MIDDLE LAST 20. DATE KNOWNX MONTH OF ESTI- DEATH MATED 8	31 19 84 M			
01	SEX M	ale Black	5. DATE OF BIRTH MONTH DAY YEAR LAST BIRTHOAY) MONTHS DAYS HOURS MIN PRONOUNCED DEAD 8	31 1984 P M			
00	FOR	THPLACE (STATE OR EIGH COUNTRY) aryland Y ORTOWN OF DEATH	U.S.A. WIDOWED DIVORCED Baltimore City	Y MD.			
		Baltimore	11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 2028 E. 30th St.	OR INDUSTRY			
	13a. S1			21218 Street			
11		THER'S NAME FIRST	MIDDLE LAST 15. MOTHER'S MAIDEN NAME FRIST MIDDLE	LAST			
1			MED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS	nson			
		NO 18. CAUSE OF DEATH (Enter on PART I DEATH WAS CAUSED	214-64-4993 Mary Heard 2028 East 30	APPROXIMATE INTURVAL BETWEEN ONSET AND DEATH			
KEMOVAL		IMMEDIAT	DUE TO, OR AS A CONSEQUENCE OF				
		gave rise to immediate cause (a) stating the <u>under</u> lying cause last.	(b)				
	NO	PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL OISEASE OR CONDITION GIVEN IN PART 1 (a).				
7	FICAT	190. DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY? YES X NO			
1	MEDICAL CERTIFICATION	210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF E	216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR DEATH P.M. 19				
	MEDI	21d INJURY OCCURRED WHILE DOT WHILE DAT WORK	21e PLACE OF INJURY (ATHOME, STREET, FACTORY, FARM, ETC.) 21f. LOCATION STREET CITY OR TOWN CI	DUNTY STATE			
Ó		226. I certify that I taak charge of the remains described above, held an <u>Autopsy</u> , Inspection , Inquiry , and in my apinion death resulted fram: <u>Natural causes</u> , Accident , Suicide , Hamicide , Undetermined manner .					
4		ACTUAL SIGNATURE	TITLE (SPECIFY) _M.D. AssistantMEDICAL EXAMINER SIGN	9-1-84			
	22. 01	EXAMINER'S NAME ANN (TYPE OR PRINT) RIAL, CREMATION, REMOVAL 2	M. Dixon, M.D. ADDRESS 111 Penn St., Balto., M. But I Jak NAME OF CEMETERY OF CREMATORY [23d LOCATION]				
	(5		9/6/84 Md.National Mem. Pk. Laurel,	Md STATE			
			Inc. 1101 E North Avenue SEP 4 1884	Signafandene			



TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours atterding physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by my should be detached for use as the burial-transit permit. Then please remove carbon papers, force, and 2 maintaine filled with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

injury, or ather traumatic event, the

MAPORTANT: If hem 21 is marked or life 18 mon on

FOR - STATE

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STATE OF MARYLAND

5 4

DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

•	REGISTRAR				CERTIF	FICATE OF DEATH		REG. N	0				
1. DE	CEASED NAME	FIRST		MIDDLE		LAST	2a DATE O		MONTH	DAY	YEAR	2b HO	UR
(TYPE	OR PRINT)	WAYN	E RI	SSELL	Н	EBRON	0.0		8	5	84	3:3	50 PM
3. SE	Y		4. RACE	,50000	5. DATE O		6 AGE (IN			IF UNC	DER I YEAR	100	R 24 HRS
J. JL	MALE		Y. KACE	BLACK	MONE		40		YRS	MONTH	_	HOURS	MIN.
	RTHPLACE (STATE OR	OREIGN	76. CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMO	RE CITY O	R COUN	TY OF D	EATH		
	country		U. S.	Α.	WIDOW		Balt	imore	City	V			MD.
	ITY OR TOWN OF DEA	ATH	11. NAME OF	HOSPITAL, NURSIN	IG HOME O	OR OTHER INSTITUTION	120 USUAL	OCCUPATI	ION	121	KINDO	F BUSIN	
1/8	Baltimore			H FACILITY, GIVE STREET		1	Truck	K FOR MOST C		-	DUSTRY	C 161	ilson
	AL RESIDENCE (IF NURS	ING HOME OF		Agnes Hos		1							
13a S	STATE	136 COU		13c. CITY OR TOW	'N	136. INSIDE CITY LIMITS?	13e STREET	ADDRESS	ZIP CO	DE 13	5 Wes	stey	Ave.
	Maryland			Baltimo	re	YES X NO		nsvil	le, l	Mary.	land	212	28
14 FA	ATHER'S NAME FIRST		MIDDLE	LAST		15. MOTHER'S MAIDEN NA	WE	WIDDIE			LAS	T	
	Francis			Hebroi	n	Mildred	1	E.		1	Matth		
	VAS DECEASED EVER			166 SOCIAL SECU	RITY NO.	17 INFORMANT	7-33	135°	vesle	ev A	venu		100
- {	NO.	(IF YES, GP	E WAR OR DATES)	214-44-3	761	Mildred E. He	ebron	Balt	more	M.	arvl	and	21228
	18 CAUSE OF DEAT	M (Entor or	du nao en uso nos								APPROXI BETWEEN	MATE INT	ERVAL
	PART I. DEATH W					HONARY A.	PRES	~				Wil	
	The second second	IMMEDIA	TE CAUSE (o)	AICITO	10-1	CONTRE	C// P 4	-				-	ш,
	10000		DUE TO, O	R AS A CONSEQUE	NCE OF	- 11.105 01	~ 1111	EALL	110	6			
	Conditions, if any, which (16) COMA, BRAIN DAMAGE RENAL FAILURE												
	couse (a), statin	gave rise to immediate Couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF											
	underlying cause last												
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110												
O	100M, 7	ANC	REATI	CINSU	IFF	ICIENCY							
CERTIFICATION	190 DATE OF OPERA	TION	19b. COND	TION FOR WHICH OPERATION WAS PERFORMED			20a AUTO	OPSY?			RE FINDIN		
Ä	Section 1						YES	МОТ		TIFYING YES	CAUSES	OF DEA	
200	21a. ACCIDENT WAS UNE	DEREYING [21b. TIME O	F INJURY		21c HOW INJURY OCCUR				- Lund	R PART 21	110	
	OR CONTRIBUTING			M. MONTH DA	AY YEAR		12.012.00						
Š	(IF EITHER, NOTIFY MEDI			м.	19	2011 1 2 5 1 7 1 2 1 1							
MEDICAL	21d. INJURY OCCURE				OF INJURY 211 LOCATION STREET			CITY OR TOWN COUNTY STAT			STATE		
	AT WORK AT WO	RK L				THE RESERVE							97-79
	22a.1 certify that (I)		A 1 ~~	e deceased from_	7/	27 19 84	to	\$15		. 19_0	P4	that (I)	(we) lost
	sow the decease above, (1) (we) (c	ed olive on	t) view the hady		19.0	nd that in (my) (our) apinion	death occurre	ed on the de	ate and h	our and	from the	couses s	toted
	22b. SIGNATURE			Oner deom		DEGREE			375	12	20 DATE	SIGNED	
	11	MA	rculis			ATTENDING PHYSICIAN	MEDICAL	STAL		55	#15	-18	24
	22d PHYSICIAN'S NA	AME (TYPE C	OR PRINT)			22e ADDRESS] DIKECTOR	□ rnisic	TAN		0 1	10	
			IULIS			It. April	ye	mil	20				
									u				
	BURIAL, CREMATION,					EMETERY OR CREMATORY		ATION		COU	NTY	FA.	STATE
	Danes :	- 1	0/0/1	COOA [A]		Managed a 2 Day 1	-		A			C . man et	man al

DHMH - 16 50M 4/83 (VRA 15, 4)

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Burial | 8/9/1984 | Arbutus Memorial | 12/1984 | 12/1984 | 12/1984 | 12/1984 | 12/1984 | 12/1984 | 12/1984 | 12/1984 | 12/1984 | 12/1984 | 12/1984 | 12/1984 | 12/1984 | 12/1984 | 12/1984 | 12/1984 | 12/1984 | 12/1984 | 12/1984 | 12/1984 | 12/1984 | 12/1984 | 12/1984 | 12/1984 | 12/1984 | 12/1984 | 12/1984 | 12/1984 | 12/1984 | 12/1984 | 12/1984 | 12/1984 | 12/1984 | 12/1984 | 12/1984 | 12/1984 | 12/1984 | 12/1984 | 12/1984 | 12/1984 | 12/1984 | 12/1984 | 12/1984 | 12/1984 | 12/1984 | 12/1984 | 12/1984 | 12/1984 | 12/1984 | 12/1984 | 12/1984 | 12/1984 | 12/1984 | 12/1984 | 12/1984 | 12/1984 | 12/1984 | 12/1984 | 12/1984 | 12/1984 | 12/1984 | 12/1984 | 12/1984 | 12/1984 | 12/1984 | 12/1984 | 12/1984 | 12/1984 | 12/1984 | 12/1984 | 12/1984 | 12/1984 | 12/1984 | 12/1984 | 12/1984 | 12/1984 | 12/1984 | 12/1984 | 12/1984 | 12/1984 | 12/1984 | 12/1984 | 12/1984 | 12/1984 | 12/1984 | 12/1984 | 12/1984 | 12/1984 | 12/1984 | 12/1984 | 12/1984 | 12/1984 | 12/1984 | 12/1984 | 12/1984 | 12/1984 | 12/1984 | 12/1984 | 12/1984 | 12/1984 | 12/1984 | 12/1984 | 12/1984 | 12/1984 | 12/1984 | 12/1984 | 12/1984 | 12/1984 | 12/1984 | 12/1984 | 12/1984 | 12/1984 | 12/1984 | 12/1984 | 12/1984 | 12/1984 | 12/1984 | 12/1984 | 12/1984 | 12/1984 | 12/1984 | 12/1984 | 12/1984 | 12/1984 | 12/1984 | 12/1984 | 12/1984 | 12/1984 | 12/1984 | 12/1984 | 12/1984 | 12/1984 | 12/1984 | 12/1984 | 12/1984 | 12/1984 | 12/1984 | 12/1984 | 12/1984 | 12/1984

Park Baltimore waryland

250 DATE REC'D. BY REGISTRAR 25 WREGISTRAR'S SIGNAL WE AUG.

AUG. 6 1984 Julia January Monday.

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	Cotonsville, is	X	Boltinoro	Maryland
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	135 venley bron Maltimore,	ורדפו ב. ויב	10 FATE-31-410	•07.1

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FOR	

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STATE OF MAKTLAND	10
EPARTMENT OF HEALTH AND MENTAL HYGIENE	0.00
CERTIFICATE OF DEATH	

St. see	

- 7		REGISTRAR				CERTIF	ICATE OF	DEATH		REG. NO.			
ľ	1. DEC	CEASED NAME AK	A EIRST DO	LORES	MIDDLE C.	i	AST HECH	ILER	20 DATE OF D	EATH MO	INTH D	AY YEAR	2b HOUR
	1		CELEST		D.	F	ECHLER			0	8 0	6 84	7:48A M
	3. SE)	(1	RACE		5. DATE C		YEAR	6. AGE IN YEAR	S LAST BIRTHD		IF UNDER I YEAR	
		FEMALE		WH	ITE	12	31	20		63	YRS	DATE DATE	NOOKS MIN.
1		RTHPLACE (STATE OR	FOREIGN 71	CITIZEN OF	WHAT COUNT	RY? 8	NEVER	MARRIED -	9 BALTIMORE	CITY OR	COUNTY	OF DEATH	
		MARYLAND			S.A.	WIDOWE	D D	NORCED	BALTI	MORE	CITY		MD.
J	10 CI	TY OR TOWN OF DE	ATH		HOSPITAL, NU	RSING HOME C	R OTHER INS	TITUTION	120 USUAL OC				OF BUSINESS OR
4		ALTIMORE	-A			HOSPITAI	E.R		SUPERV			BAN	K
4		AL RESIDENCE (IF NUR STATE	TAUC	Υ	13c. CITY OR T	NWO	13d INSIDE	CITY LIMITS?	13e STREET AD		IP CODE		
		RYLAND	BALTI	MORE	ARBUTI	US	YES 🗍	NO X		INDEN	AVE	NUE, 2	1227
	14. FA	THER'S NAME	MI	DDLE	LAST			S MAIDEN NA		MIDDLE		1A	
d		HARRY		٧.	HARP			THA				SEL	LMAN
		VAS DECEASED EVER		ED FORCES?	166 SOCIALS	SECURITY NO.	17 INFORM	ANT		ADDRESS			
1		NO			220-09	9-0841	BONNI	E AMBRO	OSE 412	LAFA	YETT		UE, 21228
ı		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). PART I, DEATH WAS CAUSED BY.								BETWEEN	NMATE INTERVAL LONSET AND DEATH		
ı		IMMEDIATE CAUSE (a) C'ENCERC AMEN								un	resterl		
ı		DUE TO, OR AS A CONSPOUENCE OF									1		
- 1		Conditions, if ony, which gave rise to immediate couse (a), stoting the underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A GONSEQUENCE OF CONSEQUENCE O								Cel	Ms		
ı		couse (o), stoting the underlying couse lost.									4. 1		
underlying couse lost. (c) Willie Schligher Cardet Viscola Olsa								100	ender				
ı	z	PART 2 OTHER SIG	inificant co	DIDITIONS <u>Co</u>	ONTRIBUTING	TO DEATH BUT	NOT RELATED	O TO THE TERM	INAL DISEASE (OR CONDIT	ION GIVE	EN IN PART I	0
4	CERTIFICATION	19a DATE OF OPERA	TION	TIBL COND	ITION FOR W/h	IICH OPERATIO	NI VA/AS DEDE/	DRIVED	20a AUTOPS	V2 12	OF IE AEZ	, WERE FINDI	NOSTISED
7	FIC	146 DATE OF OPERA	ATION .	198 COND	TION FOR WI	IICH OFERATIO	IN WAS PERFO	DRMED			LGERTIFY	YING CAUSES	S OF DEATH?
4	ERTI	21a ACCIDENT WAS UN	DEPLYING [21b. TIME C	VE INTITIDA		1214 HOW IN	THIBA OCCIDE	RED (ENTERNATUR	10		000000000000000000000000000000000000000	NO 🗌
		OR CONTRIBUTING		1100110 1		DAY YEAR	1110110111	TORT OCCUR	(ENIER MAIO	E OF INJURY I	MILEM IB TA	ANT TON PART 2)	
	MEDICAL	- (IF EITHER NOTIFY MED			M. OF INJURY	19	21f LOCATI	ON					
	MED		ARIE		REET FACTORY OF	FICE, FARM ETC 1	STREE			ITY OR TOWN		COUNTY	STATE
		AT WORK AT WO	ORx U	0 - 1/1/1			//-	- 6	7 6	16		- 711	
		22a I certify that (I		7	6 deceased from	7 4	nd that in Imv		deoth occurred	on the date	and hour	and from the	that (I) (week lost
1		obove, (I) (was-		view the body	after deoth.		DEGREE	, in the second second	deoni occorred	on the dote	and noor		E SIGNED
ı		120 SIGNATURE		4	· A	h	1	ATTENDING _	MEDICAL _	STAFF		7	1/1011
4		22d. PHYSICIAN'S N	LAME LIVE OR	OBJATI OF THE PROPERTY OF THE	-	/ ~	122e ADDRE	P	DIRECTOR	PHYSICIA	N	0/	6184
									EW MALL	212	28		
-	0.3	CLIFF RA				22 11111						<u> </u>	
	- (BURIAL, CREMATION	, REMOVAL	23b. DATE	1	23c. NAME OF C			23d. LOCATI	IOWN	0.700-	COUNTY	STATE
	_	BURIAL		08-09	9-84	LOU	DON PAI		BALT]			M Adore sur la	ARYLAND

DHMH - 16 50M 4/83 (VRA 15, 4)

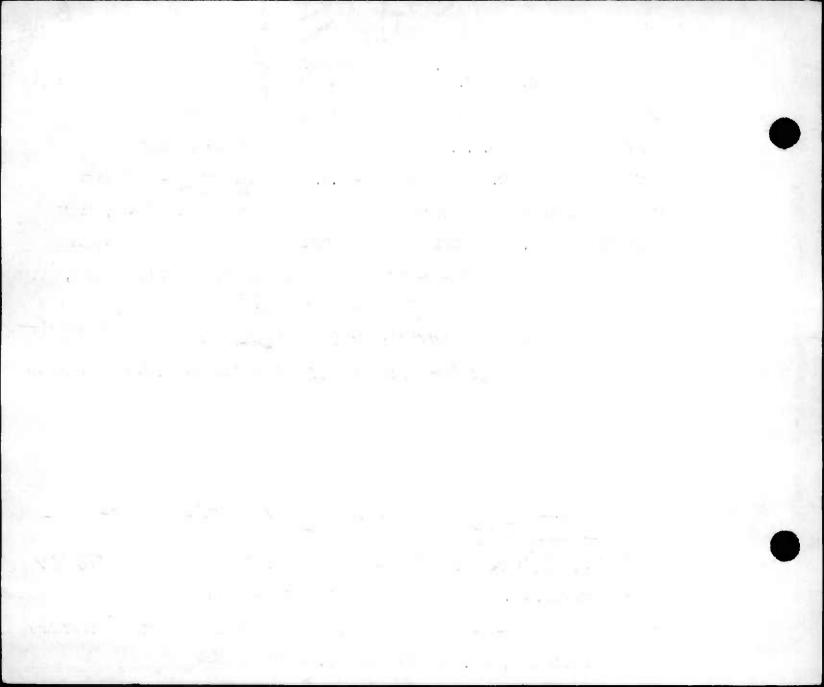
BP.

retained by the hospital or attending physician

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely should be detached for use as the burial-transit permit. Then please remove carbanpaers. Pages 1 and 2 should be detached for use as the burial-transit permit. Then please remove carbanpaers. Pages 1 and 2 should the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.

HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.

21229



ge 4 may be

FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEPTIFICATE OF DEATH

1	Hearic	K431	63

	REGISTRAR			CERTIFIC	AIL OI D	LAIN	REG	NO.		
	PECEASED NAME FIRST	MIDI	DLE	LAST			20 DATE OF DEATH	MONTH	DAY YEAR	2b HOUR
	EVELYN	ı ı		HEDRIC	K		ිරි	25	81	9:41
3 S	SEX	4 RACE		S. DATE OF			6 AGE (IN YEARS LAST	BIRTHDAY)	# UNDER I YEAR	IF UNDER 24 HRS
L	Female	White		2	16	19	65	YRS.		HOURS MIN.
Ti	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WE	AT COUNTRY?	8.	NEVER A	AADDIED [9 BALTIMORE CITY	OR COUNT	Y OF DEATH	
L	Maryland	USA		WIDOWED	□ DN	ORCED	Baltimore			M
1	Baltimore		SPITAL, NURSIN ACILITY, GIVE STREET 1 Memori	ADDRESS)		21218 .	17a USUAL OCCUP. (TYPE OF WORK FOR MO) HOUSEWI:	TOF WORKING		OF BUSINESS OR
130	UAL RESIDENCE (# NURSING HOME OF ISTATE 136, COULT 136,		RESIDENCE BEFORE COTTY OR TOWN Baltimo	N 113	Bd. INSIDE C YES 🔀	NO 🗌	13eSTREET ADDRES 1318 Bern	s/zipcod cy Stre	eet 21	211
14	FATHER'S NAME Howard	MIDDLE	Babylon	1		MAIDEN NAA Lice	AE MIDDLE		Ste	ele
160	WAS DECEASED EVER IN U.S. AF	RMED FORCES? 16	b SOCIAL SECU	RITY NO 1	7 INFORMA	NT	ADI	DRESS		
L	No No	ME WAR OR DATES!	215-12-	0100	Mr. Ch	arles :	Hedrick 13	318 Ber	ry Str	eet 2121
	DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), you cause (b), you cause (consequence of couse (a), you cause (b									ONSET AND DEATH
NOI	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART II HYPERTENSION OUD CIERZBROWNSCULVAR MCCIONT									
CERTIFICATION	190 DATE OF OPERATION	190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 200 IF YES, WIN CERTIFYING YES						FYING CAUSE		
12	OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M.	NJURY MONTH DA	Y YEAR	N HOW IN	JURY OCCURR	ED (ENTER NATURE OF I	NI MATE METROLEM.	PART (OR PART 2)	•
MEDICA	21d INJURY OCCURRED	21e PLACE OF	INJURY FACTORY OFFICE, FA		II. LOCATIO	N	CITA OL	TOWN	COUNTY	STATE
1 8	AT WORK NOT WHILE	(AL HOME SINEE!	FACIORT OFFE, F	NAME ETC.	1	- /	-1-	_	011	
	22a I certify that (I) (this hasp	etal) otterfeet the	exensed from_	8/2Y		19 61	10 97		19 07	that (II (we) las
	sow the deceased alive or above, (1) (we) (did) (did no		19 6	3/ ond	that in (my)	(our) opinion d	leath accurred on the	date and ha	ur and from the	causes stated
1	226 SKSWATURE	// /	7	DE	GREE	-			22c. DATE	SIGNED /
	M. Roits	Moule	-0	no		TTENDING PHYSICIAN T	MEDICAL S DIRECTOR PHY	TAFF SICIAN D	108	175/84
1	22d PHYSICIAN'S NAME (1991)	CR PRINT)	0	2	??e ADDRES		, , , , , , , , , , , , , , , , , , , ,			1 1-1
	M. Keith H	Rawlings	120		Uni	on Mem	orial Hosp	pital		
23a	BURIAL, CREMATION, REMOVAL	23b. DATE	23c N	AME OF CEN	AETERY OR C	REMATORY	23d LOCATION		COUNTY	STATE
	Burial	8/28/	84 St.	Mary'	s Cem	. (Hampo	en) Balti			Maryland
24	FUNERAL DIRECTOR		ADDRESS			250. DAT	REC'D. BY REGISTR	AR 256 REGIS	TRANS SIGNA	MRE
A	. Alan Seitz, J	r. 3818 R	oland A	ve. 2]	211	WG 3 () 1984 que	a vand	100	

DHMH - 16 50M 4/83

TO FUNERAL DIRECTOR

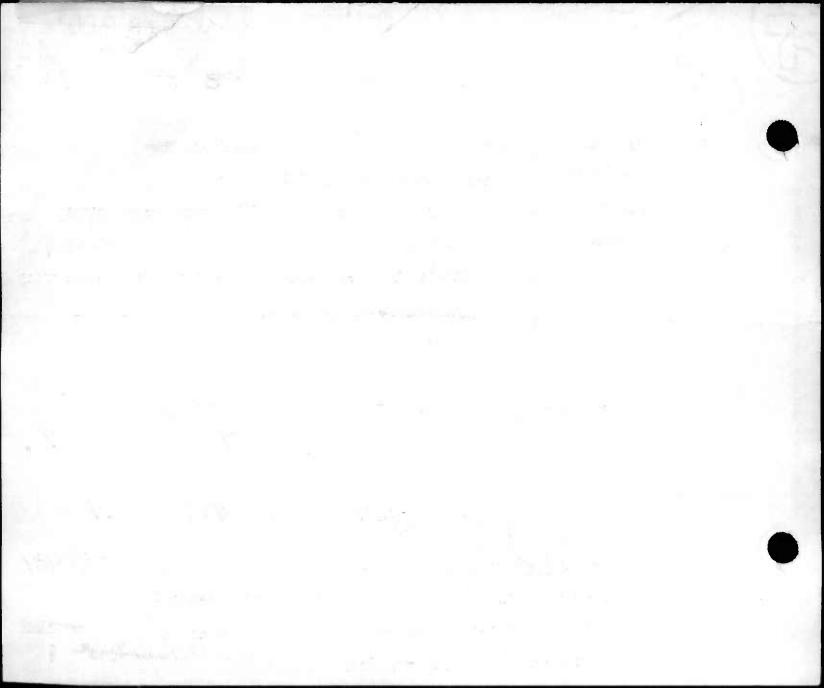
TO HOSPITAL

BP.

MPORTANT If hem 21 is

strauld be detached for use as the burial-transit permit. Then please remove carban pape — in the State Dept- of Health and Mental Hygiene prior to burial, cremation, ar removal m 18 shaws any

(VRA 15, 4)



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

16 DAY 1910

13d INSIDE CITY LIMITS?

YES X

15 MOTHER'S M.

Heegan

5 DATE OF BIRTH

MONTH

NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)
Maryland General Hospital

16b. SOCIAL SECURITY NO

Baltimore

	è	1		
	6	ŝ.		

REG. NO 2g DATE OF DEATH 1984 August IF UNDER TYEAR IF LINDER 24 HRS 6. AGE (IN YEARS LAST BIRTHDAY)

OCC. IO	, 1,710		, ,	YRS.
8.			9. BALTIMORE CITY OR	COUNTY OF DEATH
MARRIED A NI	EVER MARRIED	\Box		
WIDOWED	DIVORCED		Baltimore	City

Daitimore Cit 12h KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE! Sales

Beverage

	100 W. 27 CH OC.	2121
AIDEN N	NAME	
ī	Catherine Murphy	LAST
	Catherine Murphy	

17 INFORMANT **ADDRESS**

Mrs. Margaret Heegan 100 W. 27th St. 111 03 2381 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for to), (b), and (c).) PART I DEATH WAS CAUSED BY Massive Myocardial Infarction IMMEDIATE CAUSE (o). Conditions, if ony, which anterior descending artery and right gove rise to immediate couse (o), stoting the underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TICE Diabetes mellitus; acute renal failure; senile dementia; retroperitoneal hematoma 20g AUTOPSY? 20h. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? YES XX NO 21h TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2) 21a. ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 71d. INJURY OCCURRED 21e. PLACE OF INJURY

27a I certify that (this hospital) attended the decesed from August 17,

(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

DEGREE

19 84

211 LOCATION

COUNTY

August 25 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 221. DATE SIGNED MEDICAL STAFF ATTENDING

PHYSICIAN DIRECTOR PHYSICIAN 22 ADDRESS

C/O Maryland General Hospital

23¢ NAME OF CEMETERY OR CREMATORY St. Mary's Cem. Govans

Baltimore, Md. 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

STATE

Burial 24 FUNERAL DIRECTOR DHMH - 16 50M 4/83

23a. BURIAL, CREMATION, REMOVAL

226 SIGNATURE

FOR - STATE

REGISTRAR

Edward

4. RACE

USUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION

113h COUNTY

John J. Heegan

16g WAS DECEASED EVER IN U.S. ARMED FORCES?

NOT WHILE

22d PHYSICIAN'S NAME (TYPE OR PHINE

Terrance

76 CITIZEN OF WHAT COUNTRY?

IISA

I. DECEASED NAME (TYPE OR PRINT)

M

To BIRTHPLACE (STATE OR FOREIGN

III. CITY OR TOWN OF DEATH

Baltimore

3 SEX

13g STATE

Md.

14. FATHER'S NAME

MITCHELL-WIEDEFELD HOME. INC.

sow the deceased all Noon August 25, above, (I) (we) (did) (did not) wew the body at the

James L. Fitznatrick M.D.

23b. DATE

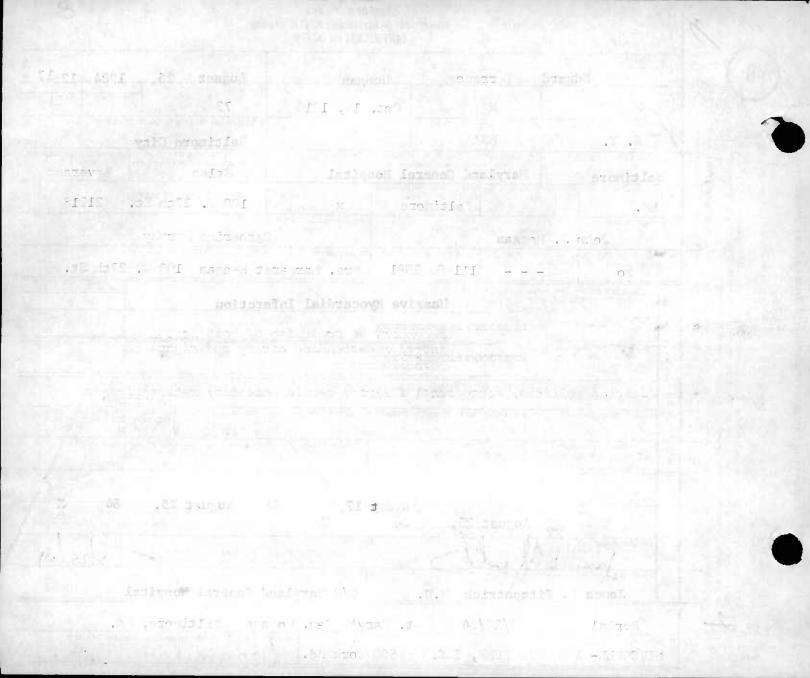
8/28/84

6500 York Rd.

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the b

(VRA 15, 4)



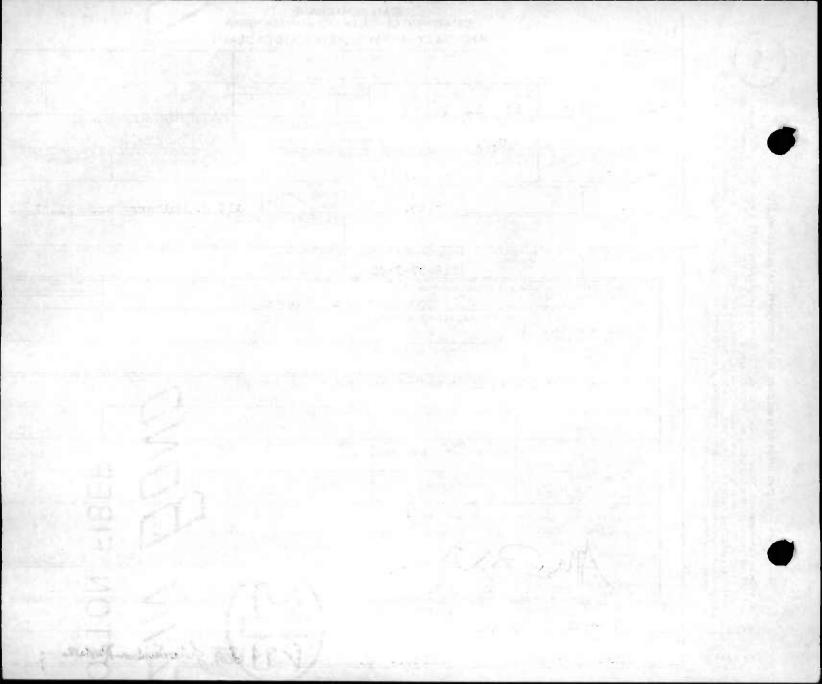
		CEASED NAME FIRST OR PRINT) TUHIN	A. HEIDEGER MIDDLE A. Heide	29PC	REG. NO.	DAY YEAR 26 HOUR 4 84 303
1	3. SE		4. RACE S. DATE MON	OF BIRTH		F UNDER TYEAR F UNDER 24
35		RTHPLACE (STATE OR FOREIGN)	76 CITIZEN OF WITH COUNTRY? MARR WIDOV	IED NEVER MARRIED VED DIVORCED	Baltimore City or County	
B		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME (IF NOT IN SUCH FACILITY ON MOTOR SS) University of Maryls		17a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE	126. KIND OF BUSINESS INDUSTRY
85	USU, 13a S	AL RESIDENCE (IF NURSING HOME OR CATALE 18 COUN CATA		13d. INSIDE CITY LIMITS? YES INO X	797 Velvet Rur	Drive 2115
exomine Months		Richard	L. Heideger	15. MOTHER'S MAIDEN NA FREST Cathy	ME MIDDIE L ADDRESS	Chamberl
Sol /		VAS DECEASED EVER IN U.S. ARA YES, NO OR UNKNOWN) (HE YES GIVE	MED FORDES? E WAR OR DATES) None	Richard L.		3 13e
rent, the			ly one cause per line far (a), (b), and (c), b BY: E CAUSE (a)	acres		APPROXIMATE INTERV BETWEEN ONSET AND D
S _{tot}		cause (a) stating the	1 DUE TO OR LE L'EQUIENCE OF	- M		
njury, ar other	NO	cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT C	DUE TO, OR AS A CONSEQUENCE OF (c) ONDITIONS CONTRIBUTING TO DEATH BU	JT NOT RELATED TO THE TERM	nnal disease or condition giv	EN IN PART To
en any injury, or other	TIFICATION	underlying cause last.	(c)		200 AUTOPSY? 206. IF YES	5, WERE FINDINGS USED YING CAUSES OF DEATI
terrate, the second injury, or other	CAL CERTIFICATION	underlying cause last. PART 2. OTHER SIGNIFICANT C	196. CONDITION FOR WHICH OPERATI MGS 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR	ON WAS PERFORMED 21c. HOW INJURY OCCUR	200 AUTOPSY? 206. IF YES	5, WERE FINDINGS USED YING CAUSES OF DEATH S NO
orked a servets these any injury, ar other	MEDICAL CERTIFICATION	Underlying cause last. PART 2. OTHER SIGNIFICANT C 19a DATE OF OPERATION 7/24 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	196. CONDITION FOR WHICH OPERATI MGS 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR	ON WAS PERFORMED 21c. HOW INJURY OCCUR	20a AUTOPSY? 20b. IF YES IN CERTIF	S, WERE FINDINGS USED YING CAUSES OF DEATI S NO (
n 21 is morked a Herrate sheer any injury, ar other		Underlying cause last. PART 2. OTHER SIGNIFICANT C 19a. DATE OF OPERATION 7/22 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22a. I certify that (1) (this hospit sow the deceased olive an obove, (1) (we) (did) (did not obove, (1) (we) (did) (did) (did not obove, (1) (we) (did) (did) (did not obove, (1) (we) (did) (did) (did)	19b. CONDITIONS CONTRIBUTING TO DEATH BUTTONS CONTRIBUTING TO DEATH BUTTON FOR WHICH OPERATION OF THE CONTRIBUTION OF THE CONT	216. HOW INJURY OCCURI	200 AUTOPSY? 200 IF YES IN CERTIF YES NO THE VEHICLE OF INJURY IN TEM 18 P	S, WERE FINDINGS USED YING CAUSES OF DEATH S NO ART 1 OR PART 2) COUNTY ST 19 that (I) (w
If Hem 21 is morked a served the sour injury, are		Underlying cause last. PART 2. OTHER SIGNIFICANT C 19a DATE OF OPERATION 1/24 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA' (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 27a. I certify that (I) (this hospit sow the deceased alive an above, (I) (we) (did) (did not 27b. SIGNATURE)	19b. CONDITIONS CONTRIBUTING TO DEATH BUTTON TO THE STATE OF INJURY 11b. TIME OF INJURY 11c. P.M. 19 11c. PLACE OF INJURY 11d. P.M. 19 11d. PLACE OF INJURY 11d. P.M. 19 11d. PLACE OF INJURY 11d. PLA	216 LOCATION SIREET DEGREE ATTENDING PHYSICIAN [ON WAS PERFORMED]	200 AUTOPSY? 200 IF YES IN CERTIF YES NO YES RED (ENTENNATURE OF INJURY IN TEM 18 P) CITY OR TOWN deoth occurred on the date and hour MEDICAL STAFF	S, WERE FINDINGS USED YING CAUSES OF DEATH S NO ARTHORPART 2) COUNTY ST
Hem 21 is morked a literate stars out injury, are		Underlying cause last. PART 2. OTHER SIGNIFICANT C 19a. DATE OF OPERATION 7/22 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22a. I certify that (1) (this hospit sow the deceased olive an obove, (1) (we) (did) (did not obove, (1) (we) (did) (did) (did not obove, (1) (we) (did) (did) (did not obove, (1) (we) (did) (did) (did)	19b. CONDITIONS CONTRIBUTING TO DEATH BUTTON TO THE PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) TO OTTAINED OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) TO OTTAINED OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) TO OTTAINED OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) TO OTTAINED OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) TO OTTAINED OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) TO OTTAINED OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)	ON WAS PERFORMED 21c. HOW INJURY OCCUR 21f. LOCATION SIREET 19 4 Ond that in (my) (our) opinion DEGREE ATTENDING	200 AUTOPSY? 200 IF YES IN CERTIF YES NO TOWN CITY OR TOWN death occurred on the date and house of the dat	S, WERE FINDINGS USED YING CAUSES OF DEAT S NO CARL 1 OR PART 2) COUNTY S 19 that (I) (v i and from the couses sta

STATE OF MARYLAND

BP **DHMH - 17** (VR A15 ME (5)) 20M 4/82

			ARYLAN		
DEPART	MENT OF	HEALTH	AND M	ENTAL	HYGIENE
AEDICAL					

11	FOR STATE		D	EPARTMENT	OF HEALTH	AND ME	NTALH	YGIENE		6 28	3		- 575		
Ι.	REGISTRAR		MED	ICAL EXAM	NINER'S C	ERTIFIC	ATE O	F DEAT	ГН	REG.	NO.				
	DECEASED NAA	AE EIRST		MIDDLE	l.	AST		20	DATE I			MONTH	DAY	YEAR	76 HOUR
1	TIPE OR PRINT	BENJA	MIN		HEI	LKER			OF DEATH	ESTI- MATED	×	8	22	19 84	M
3. 5	EX	4. RACE	5. DATE OF BIRTH		IN YEARS IF UNI		IF UNDER 2		c. DATE	CEP.		HIMOM	DAY	YEAR	24 HOUR
	Male	White	12 12	18 65	YRS.	DAYS	HOURS	MIN P	RONOUN	CED		8	27	19 84	9:26 a M
70	BIRTHPLACE	STATE OR	76. CITIZEN OF WH		8. ALA DRIC	D NEV	CD AA A DDIC	n []	BALTIM	ORE CIT	Y OR	COUN			
	FOREIGN COUNTRY)	U.S.		WIDOWE	=	DIVORCE		Balt	imor	e	City	V		MD
10.	CITY OR TOWN	OF DEATH	11. NAME OF HOSE	ITAL, NURSING H	OME, OR OTHE			12a USUA	AL OCCUP	ATION (12b. KIN	D OF BU	ISINESS
	Baltim	mre		Mulberry				FOR MC	OST OF WOR	(ING LIFE)			OR	INDUST	КҮ
	UAL RESIDENCE	E (IF IN NURSING HOME	OR OTHER INSTITUTION, GIV	RESIDENCE BEFORE AD	MISSION)				n.J.						
13a	Md.	13b. COUN	1TY	13c. CITY OR TOW	VN	13d. INSIDE CIT		13e STREE							
4	FATHER'S NAM	A.F.		Balto.		15. MOTHER			4 W.	Mulk	per	ry	St.	212	01
	EIRST	12	MIDDLE	LAST		FIR	ST	NINAME	MI	DDLE			ŧ	LAST	
160	WAS DECEAS	ED EVER IN U.S. AR	MED FORCES?	166. SOCIAL SEC	URITY NO.	17 INFORM	ANT			ADDRE	ESS				
	(1ES, NO, OR DAKN	(IE YES, GIVE	WAR OR DATES)	218-07-3	3642										
F	18 CAUSE	OF DEATH (Enter or	nly ane couse per line	or (a), (b), and (c),)								AP	PROXIMATI	E INTERVAL
	PARTIC	EATH WAS CAUSE	D BY:	rterioscl		cardi	ovasc	nılar	dise	ase			BETW	EEN ONSE	T AND DEATH
1	100	IMMEDIA	LE CHOOL (a)	AS A CONSEQUEN		00101	Orabo	7012012		-0.00			_	_	
	Conditio	Conditions, if any, which													
	gave	gave rise to immediate (b)													
	lying cause last.														
			(c)												
2		SIGNIFICANT CONDITIONS	CONTRIBUTING TO OFATH B	UT NOT RELATED TO THE	TERMINAL DISEASE	OR CONDITION	GIYEN IN PART	T 1 (a).							
MEDICAL CERTIFICATION	19a. DATE O	F OPERATION	196. CONDIT	ON FOR WHICH OPERATION WAS PERFORMED?					-		_	20 A	UTOPSY	?	
1 8														ES 🗆	NO K
- 6	71a. EXTERN	IAL CAUSE WAS	216 TIME OF							RT 1 OR PA	_		110 22)		
1 3	UNDERLYIN			MONTH DAY											
100	71d INJURY	OCCURRED	DEATH P.M.	FINJURY (AT HOA		ATION				-	+	-			
124	21d INJURY OCCURRED 21e PLACE OF INJURY (ATHOME, STREET, FACTORY, FARM, ETC.) 21f LOCATION STREET, FACTORY, FARM, ETC.) 21f LOCATION STREET CITY OR TOWN COUNTY								YIMUK		STATE				
			ge of the remains desc	ribed above held	an Autops		Inspection	K	Inquiry		ond	in my a	ninian		
									, ,	[7	in my o	piiiiqii		
	geath resu	dealifestine from Notifications 1. Account 2. Solider 2. Solider 2. Solider 2.													
	ACTUAL SIGNATURE DATE SIGNATURE DATE SIGNATURE SIGNATURE SIGNATURE								8	-27-	84				
	SIGNATURE	/ IV	1	-	M.I	D. 11001	beare	MEDIC	AL EXAM	INER		SIGN	ED		0.1
1	EXAMINER'S		M. Dixon,	M.D.		ADDRESS	111 F	Penn	St.,	Balt	.0.	, M	d. 2	1201	
230	BURIAL, CREM	ATION, REMOVAL	23b DATE	23c. NAME OF	CEMETERY OF	CREMATO	RY	23d LOC	ATION			COU	INTY	SI	TATE
		emoval	8/30/84												
24	FUNERAL DIRE	CTOR	ADDRESS			2	50. DATE RI	EC'D. BY F	REGISTRA	R 256 RI	EGIST	RAR'S	SIGNATI	JRE	
		atomy Boa		Balto.	. ма	31	FH 0	4 (1)	1 90	Ma D	wid	10m	Mande	بالك	1



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death. Page 4 may be

retained by the haspital or attending physician.

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and campletely filled the should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.

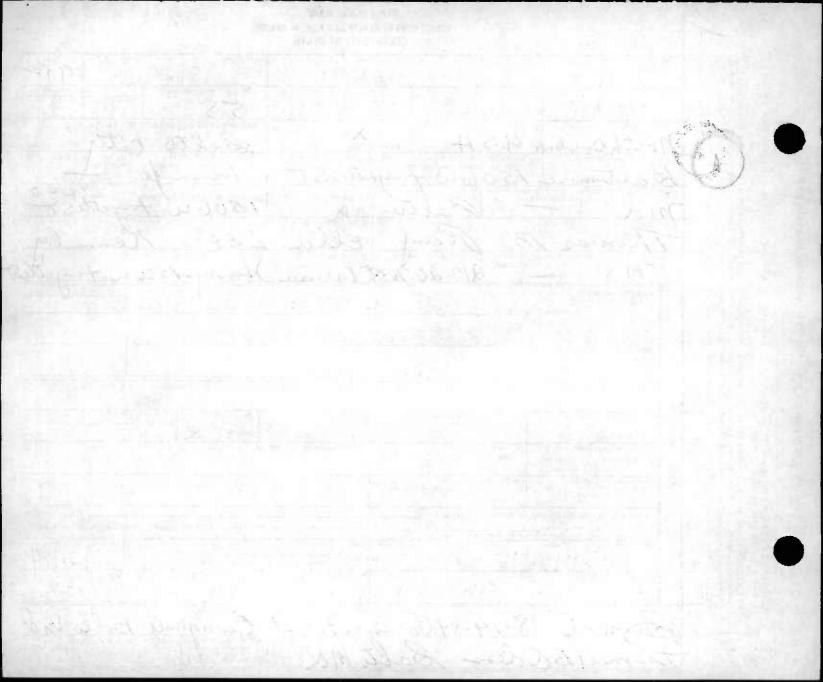
IMPORTANT: If them 21 is marked at them 18 shows any injury, at other traumatic event, the medical example of the medical example.

ctor, page 3

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

-	1 -	REGISTRAR	CERTIFI	ICATE OF DEATH	REG. NO		
1		CEASED NAME FIRST	MIDDLE	AST COL	20. DATE OF DEATH	AONTH DAY YEAR 2	26 HOUR
1	,	TESS16	M. 4+E	NYCY	81	20184	91-M
	3. SE>	COMMAN A.R	S. DATE O	F BIRTH YEARA	6. AGE (IN YEARS LAST BIRTH		HOURS MIN
	7 011	TEMBLE	19484 (18/20	58	YRS.	
-	70 BII	RTHPLACE (STATE OR FOREIGN 7b. (OUNTRY)		NEVER MARRIED 1	9 BALTIMORE CITY OR	COUNTY OF DEATH	
H	10 (1	TY OR TOWN OF DEATH 11.	NAME OF HOSPITAL, NURSING HOME O		12e USUAL OCCUPATIO	D. CILL	BUSINESS OR
1	13	Baltimore.	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	tust	Forese	WORKEN LETT INDUSTRY	1001104110
2		AL RESIDENCE (IF NURSING HOME OR OTH TATE 13b. COUNTY	ER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION OR TOWN	13d INSIDE CITY LIMITS?	130 STREET ADDRESS /	I fagette	57
8	14 FA	THER'S NAME FIRST MIDD	3 Ray	15. MOTHER'S MAIDEN NAM	LE SAIDDLE	Kenny	lu
	16e W	VAS DECEASED EVER IN U.S. ARMED		17 INPORMANT	ADDRES	is 2	1
		110 -	×17-20-7638	Clarence,) genry-1	506 W. 70	yelles,
		18 CAUSE OF DEATH (Enter only o PART I, DEATH WAS CAUSED BY IMMEDIATE C		ngestino	Deard J	allue	DE CHE DEATH
		IMMEDIATEC	DUE TO, OR AS A CONSEQUENCE OF	0			
		Conditions, if any, which	16) Sarcord	uses			
		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQUENCE OF				
		underlying cause last.	10 January	ensun			
	NO	PART 2 OTHER SIGNIFICANT CON	nditions <u>contributing/10 death</u> but	NOT RELATED TO THE TERMI	nal disease or cond	ITION GIVEN IN PART Tra-	
2	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION	N WAS PERFORMED	200 AUTOPSY?	20b IF YES, WERE FINDING IN CERTIFYING CAUSES O YES	
	CERT	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21c HOW INJURY OCCURR			
1		OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH DAY YEAR P.M. 19				
	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY	211 LOCATION	CITY OR TOW	N COUNTY	STATE
	8	AT WORK AT WORK	(A TONE, STILL THE THE THE THE THE THE THE THE THE THE				
		220.1 certify that (1) (this haspital)		. 19	, to		nat (I) (we) last
	117	sow the deceased alive on above (1) [we) (did) (did not) vi		d that in (my) (our) opinion d	leath occurred on the dat		
		226. SIGNATURE	les de M	ATTENDING PHYSICIAN	MEDICAL STAFF		21/84
		22d. PHYSICIAN'S NAME ITYPEORER	GM 2M =	22e ADDRESS BM	SECOM	J 10826 .	43
		MACHO	(CNNNN)	DAN MI	Ralso 1	W, 7/2	+3
	1	REMATION, REMOVAL	23, JAME OF CI	EMETERY OR CREMATORY	Our of town	ill Balt	ISTATE D
	A FL	JNERAL DIRECTOR	20	25s. DATE	Company of the Compan	Sh-REGISTRAR'S SIGNATUL	RE COD.
٦	1	umel BK	den ADDRESSALL	a. MN AU	6221984	ShareGISTRAR'S SIGNATUR	THE CONTRACTOR OF THE PARTY OF



injury, ar other troumotic eventing

MPORTANT: If Item 21 is marked on Item 18

DHMH - 16 50M 4/B3 (VRA 15, 4)

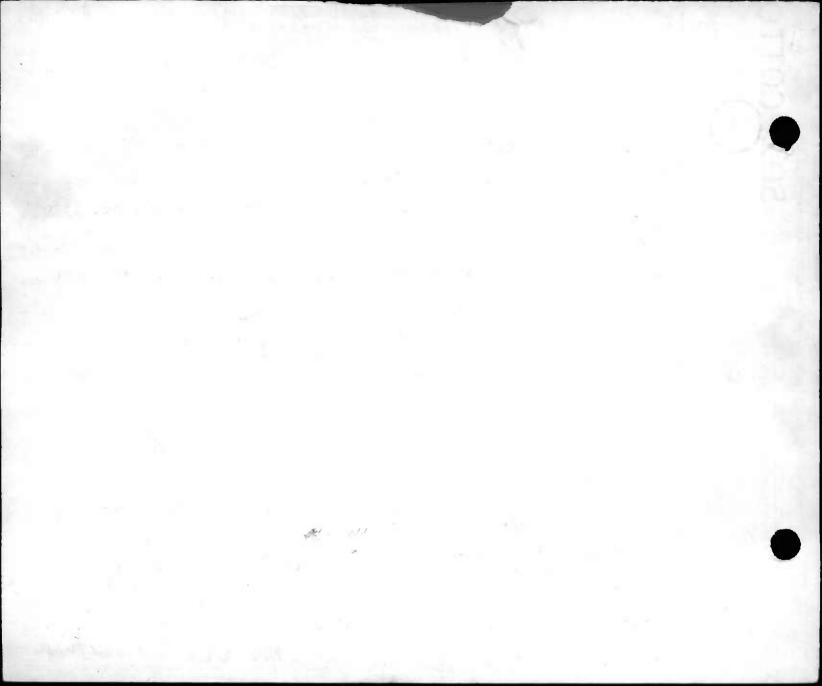
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENS

FOR STATE REGISTRAR			DEP		HEALTH AN	ID MENTAL H	YGIEN	REG.	. NO.		
I. DECEASED NAME	FIRST	N	AIDDLE		LAST		20	DATE OF DEATH		DAY YEAR	26 HOUR
(TYPE OR PRINT)	eroy			H	enry				8	184	12:32PM
3. SEX	4	RACE			OF BIRTH		6	AGE IN YEARS LAST	BIRTHDAY)	IF UNDER LYEA	
m		1	3	MOR	2 15			64	YRS	MONTHS DAY	HOURS MIN.
To. BIRTHPLACE STATE OR FO	OREIGN 76	CITIZEN OF	WHAT COUN	ITDV2 8		ER MARRIED	9.1	BALTIMORE CITY			
Marvland		U.S.	Α.	WIDO		_	<u> </u>	Bostin	ero C	ty	MD.
Ball MORR	TH 11	(IF NOT IN SUCI		URSING HOME STREET ADDRESS)	10 +	NSTITUTION		a USUAL OCCUP. TYPE OF WORK FOR MO			OF BUSINESS OR Y
USUAL RESIDENCE IN NURSI	NG HOME OR OT	HER INSTITUTION		BEFORE ADMISSIO		E CITY LIMITS?	1124	e STREET ADDRES	S / 7IP CC	ADE.	
Maryland	138. COUNT			imore	YES XX			.004 McI			21205
14. FATHER'S NAME	line	DDLE	ŁA5	1	15. MOTH	ER'S MAIDEN I	NAME	WIDDLE			AST
N/A					N/A						
(YES, NO OR UNKNOWN)	N U.S. ARM		166 SOCIAL	SECURITY NO	. 17 INFOR	MANT		ADI	DRESS		
NO	T# 123, GIVE V	AN ON DAILS)	218-	14-520	3 Ler	oy Her	nry	Jr. 92	27 Ab	bott C	ourt
18 CAUSE OF DEATH PART I. DEATH W.	I (Enter only AS CAUSED IMMEDIATE	ВУ	line for (o), (Acre	est				APPRO BETWEE	DXIMATE INTERVAL N ONSET AND DEATH
Conditions, if any,		DUE TO, OF	S/P	SEQUENCE OF							
gove rise to imm couse 101, storing underlying couse	g the	DUE TO, OF	SEP.	SEQUENCE OF							
PART 2. OTHER SIGN	IIFICANT CO	nditions <u>cc</u>	NTRIBUTING	G TO DEATH B	UT NOT RELA	TED TO THE TE	RMINA	al disease or Co) NOITION (GIVEN IN PART	lio=
190 DATE OF OPERAT 210 ACCIDENT WAS UND OR CONTRIBUTING CHETHER NOTIFY MEDIC 214 INJURY OCCUR	ION	196 CONDI	TION FOR W	HICH OPERAT	ION WAS PER	FORMED		200 AUTOPSY?		YES, WERE FIND TIFYING CAUSE YES []	
21a ACCIDENT WAS UND OR CONTRIBUTING C	AUSE OF DEATH	21b. TIME OF HOUR A./	M. MONTH	d DAY YEA	R	/ INJURY OCC	URRED	ENTER NATURE OF I	JURY IN ITEM I	18 PART I OR PART 2	
21d INJURY OCCURR		21e. PLACE C	OF INJURY		211 LOC/			CITY OF	70000	COUNTY	STATE
WHILE NOT WHI	K	JAT HOME, STR	EET, FACTORY, O	FFICE FARM, ETC.)	51	REET	a !:	CITY ON	IOWN	COOMIT	STATE
220.1 certify that (1)	(this hospitol	attended the	e deceosed 1	rom	17	19	84	., to	8/1	. 19 37	, that (I) (we) last
sow the deceose obove, (I) (we) (d	d olive on	view the body	ofter death.	19_34	ond that in (i	ny) (our) opini	on deo	th occurred on the	dote and h	hour and from th	e couses stated
22b. SIGNADURE	n1.	Same	if,	MI	DEGREE	ATTENDING PHYSICIAN	· · ·	MEDICAL S DIRECTOR □ PHY	TAFF SICIAN	/ 22c DAT	TE SIGNED
22d PHYSICIAN'S NA	ME (TYPE ORP SAM		,		DEP	ress roc.me	D, F	F. Scott 1	tey Mu	ed Guter	4940 pc
236 BURIAL, CREMATION, I	REMOVAL	236 DATE 8/7/8	84		CEMETERY C	r cremator	k.	23d LOCATION CITYOR TOWN Baltin	nore,	COUNTY	Md.

Wm C March F/H Inc. 1101 E North Avenue

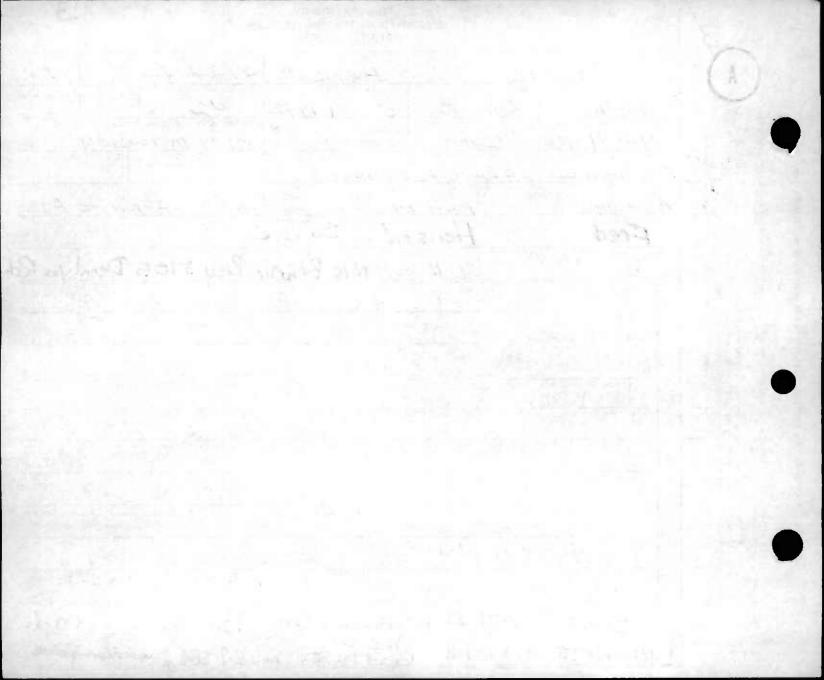
Eastview Mem. Pk.

250. DATE REC'D. BY REGISTRAR 256 BEGISTRAP'S SIGNATURE AUG 6 1884



3/ 1	STATE OF MARYLAND FOR STATE STATE REGISTRAR STATE CERTIFICATE OF DEATH REG. NO
	DECEASED NAME FIRST MIDDLE LAST 20 DATE OF DEATH MONTH DAY YEAR 25 HOUR PEOR PRINT) 20 DATE OF DEATH MONTH DAY YEAR 25 HOUR PRINTING AREA OF DEATH MONTH DAY YEAR 25 HOUR PRINTING AREA OF DEATH MONTH DAY YEAR 25 HOUR PRINTING AREA OF DEATH MONTH DAY YEAR 25 HOUR PRINTING AREA OF DEATH MONTH DAY YEAR 25 HOUR PRINTING AREA OF DEATH MONTH DAY YEAR 26 HOUR PRINTING AREA OF DEATH MONTH DAY YEAR 26 HOUR PRINTING AREA OF DEATH MONTH DAY YEAR 26 HOUR PRINTING AREA OF DEATH MONTH DAY YEAR 26 HOUR PRINTING AREA OF DEATH MONTH DAY YEAR 26 HOUR PRINTING AREA OF DEATH MONTH DAY YEAR 26 HOUR PRINTING AREA OF DEATH MONTH DAY YEAR 26 HOUR PRINTING AREA OF DEATH MONTH DAY YEAR 26 HOUR PRINTING AREA OF DEATH MONTH DAY YEAR 26 HOUR PRINTING AREA OF DEATH MONTH DAY YEAR 27 HOUR PRINTING AREA OF DEATH MONTH DAY YEAR 27 HOUR PRINTING AREA OF DEATH MONTH DAY YEAR 27 HOUR PRINTING AREA OF DEATH MONTH DAY YEAR 27 HOUR PRINTING AREA OF DEATH MONTH DAY YEAR 27 HOUR PRINTING AREA OF DEATH DAY PRINTING AREA
3.5	FEMALE BLACK 5 31 1892 92 YRS MONTHS DATS MOURS MIN.
27	BIRTHPLACE (STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 18 PAIT MORE CITY OR COUNTY OF DEATH WIDOW OF DEATH 11 NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 129 USUAL OCCUPATION 120 KIND OF BUISINESS OF
10 6	BALLIMORE LAFAYELLE SQUARE (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY
130	UAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GAE RESIDENCE BEFORE ADMISSION) STATE 136 COUNTY 136 COUNTY 136 COUNTY 136 INSIDE CITY LIMITS? 138 STREET ADDRESS APPARETE AUE 137 APPARETE AUE
1 () () () () () ()	FATHERS NAME FIRED MIDDLE HENSON 15. MOTHER'S MAIDEN NAME SEST CLIE MIDDLE LAST
160	WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT REPROSENTATION OF UNKNOWN) (IF YES, GIVE WAR OR DATES) 2/6-1/207 Mrs. Bennic Rey 3705 Denlyn 18. CAUSE OF DEATH (Enter only one couse per line for 10-1/4), and 10-1/4
njury, or other frour	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last. DUE TO, OR AS A CONSEQUENCE OF PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT, NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110
CERTIFICATION	196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
/ N	
MED	AT WORK AT WORK
llem z i is m	27a I certify that (I) (this hospital) attended the deceased from 19 19 19 19 19 19 19 19 19 19 19 19 19
4	ATTENDING 1 MEDICAL STAFF PHYSICIAN PHYSICIAN PHYSICIAN S Z & D MEDICAL STAFF PHYSICIAN PHYSICIAN S Z & D MEDICAL STAFF PHYSICIAN
230	BURIAL, CREMATION, REMOVAL 236 DATE 236 NAME OF CEMETERY OR CREMATORY 236 JOCATION
. 24	EUNERAL DIRECTOR 8-28-84 MT-Auburn Cen. Balb: COUNTY METAL DIRECTOR BY REGISTRAR'S SIGNATURE EUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR'S SIGNATURE
3	2 Row- Totom & SWENT Bacto - 80 MG 27 1984 Julia Davidon Andres

4 0



STATE OF MARYLAND

FOR

20M 4/82

Tele to 1 A DATE HERE STATES THE STATES The second of th And the second of the second o THE THE PARTY OF T

requires that the death certificate be executed within 24 hours after death. Page 4 may be TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the haspital or attending physicia

director, page 3 sours after death

completely filled

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and should be detached for use as the burial-transit permit. Then please remave carban papers. Pagewith the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar remaval. MPORTANT: If Item 21 is marked or Item 18 shaws any injury, ar ather traumatic event, the STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

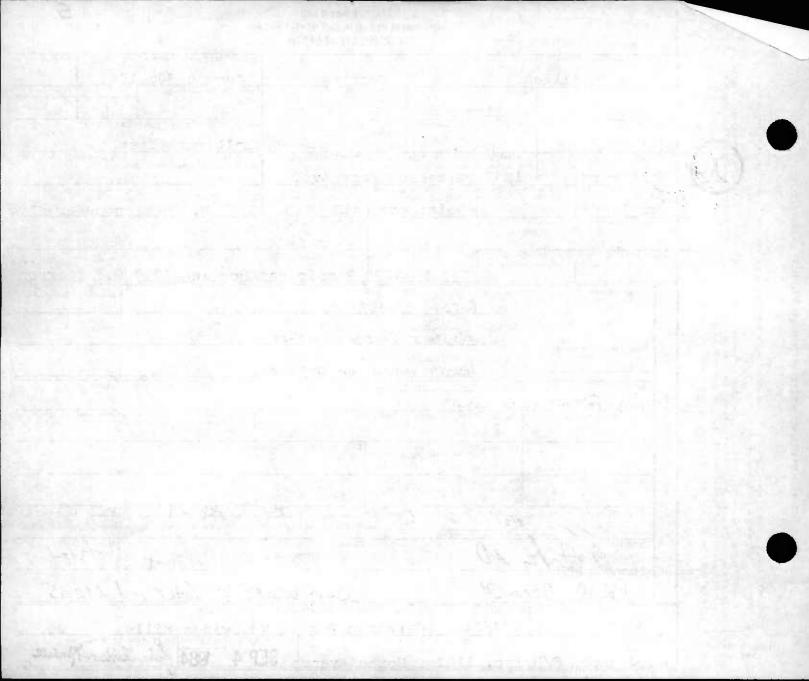
1984

1.	FOR - STATE REGISTRAR		DEPAI		IEALTH AND MENTAL HYG	REG. N	0		
	CEASED NAME FIRST		MIDDLE		AST	20 DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR
{ TYP[OR PRINT) Will	iam	н.	He	rring	August	30,	1984	1
3. SE		4 RACE	п.	5. DATE O		6 AGE (IN YEARS LAST BIR		IF UNDER 1 YEAR	IF UNDER 24 HRS.
	Male		ack	MONTE 3		65		MONTHS DAYS	HOURS MIN.
7a. B	IRTHPLACE (STATE OR FOREIGN		WHAT COUNTR	2Y2 8		65 9 BALTIMORE CITY C	R COUN	TY OF DEATH	
	COUNTRY)			MARRIE	NEVER MARRIED		-		
10 C	. Carolina		HOSPITAL NUR	WIDOWE	DR OTHER INSTITUTION	Baltimor			MD, F BUSINESS OR
D	-1++m-m-	(IF NOT IN SU	CH FACILITY, GIVE STR	REET ADDRESS)	_	(TYPE OF WORK FOR MOST C			, 500111200 011
	altimore ALRESIDENCE (IF NURSING HOM	1207			ark Ave.				
13o. 5	STATE 13b Co	DUNTY	13c. CITY OR TO	NWC	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS		21213	
	aryland		Balti	imore	YESXX NO 🗆	1207 N. I	Patt	erson F	ark Ave
14, FA	ATHER'S NAME FIRST	WIDDLE	LAST		15. MOTHER'S MAIDEN NA	WE		LAS	т
	Johnnie		Herri	ng	Annie	В.		Hago	
	WAS DECEASED EVER IN U.S.	ARMED FORCES?	166 SOCIAL SE	CURITY NO.	17. INFORMANT	ADDRE	SS		Pk.Av
	Yes	S, GIVE WAR OR DATES!	239-1	6-770	Fannie Ma	e Herring	120	7 N. Pat	terson
		r only one couse pe				0 110111111			MATE INTERVAL ONSET AND DEATH
	18 CAUSE OF DEATH (Enter PART I. DEATH WAS CA		COURDIAN	ADIST	7			0.141.111	SHOET AND DEATH
	IMMEI	DIATE CAUSE (o)			/				
	Candida di Candida		OR AS A CONSEC		VI 2000 - 1001				
Ш	Conditions, if any, which gave rise to immediate		SW 2140	e CAR	724747 OYMOTO		-		
	cause (a), stating the underlying cause lost		R AS A CONSEC					e u 325	
		(c)			OGA ANFARCTIS				
7	PART 2. OTHER SIGNIFICAL		ONTRIBUTING T	O DEATH BUT	NOT RELATED TO THE TERM	VINAL DISEASE OR CON	DITION G	IVEN IN PART 110)
TIOI	Keral railwee		SOUT						
CERTIFICATION	190 DATE OF OPERATION	196. CONE	DITION FOR WHI	CH OPERATIO	N WAS PERFORMED	20a AUTOPSY?		ES, WERE FINDIN IFYING CAUSES	
TIF					The second	YES NO		YES 🗌	NO 🗌
CE	210. ACCIDENT WAS UNDERLYING			DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18	, PART 1 OR PART 2)	
AL	OR CONTRIBUTING CAUSE OF	DEATH	.M.	19					
MEDICAL	21d. INJURY OCCURRED	21e. PLACE	OF INJURY		21f LOCATION	CITY OR TO		COUNTY	STATE
×	WHILE NOT WHILE AT WORK	(AT HOME, S	TREET, FACTORY, OFFIC	CE, FARM, ETC)	STREET	CITY OR TO	WW	COONIT	STATE
	220-1 certify that (I) (this h	nspital) attended t	he decensed from	AUG 1	0 10 80	1 - A1/A-2	(10 84	that (I) (we) lost
	sow the deceased five	on 3/2/	19		nd that in (my) (aur) opinion	death accurred on the de	ate and ha		- (, ,) - ,
	22b, SIGNATUR	I not wiew the body	y after death.		DEGREE				
	64.	h ul)		ATTENDING	MEDICAL STAI	F 4	ZIL DATE	14
	Pres	19 10			PHYSICIAN [DIRECTOR PHYSIC		72	107
	22d. PHYSICIAN'S NAME IT		7		22e ADDRESS	1		1	_
	DKAU	DENKER			600 N. WOL	FE St. BA	27.1	md 2/2	201
23a E	BURIAL, CREMATION, REMOV	AL 23b. DATE	23	C NAME OF C	EMETERY OR CREMATORY	23d. LOCATION			
	BURIAL	9/4/	84	Garrie	on Forest V	VA Owings	Mil	COUNTY	Md .
	JNERAL DIRECTOR	-/ -/				E REC'D. BY REGISTRAR			
TAT	NAME March E	/II Tm =	ADDRES		. 01	10 March 1997		Davidson-	
AA.	n C March F	/ II LIIC.		E Nort	n Avenue	1 7 1304	7000	to an latter,	

DHMH-16 30M 2/80 (VRA 15, 4)

C March F/H Inc.

BP.



DHMH - 16 50M 4/83 (VRA 15, 4)

STATE OF MARYLAND

١	1 -	FOR STATE REGISTRAR	D		EALTH AND MENTAL HYG			
1	I DEC	CEASED NAME FIRST	WIDDLE	t	AST	REG. NO. 26 DATE OF DEATH MONTH	DAY YEAR	26 HOUR
1	(TYPE	DONAL D	E	HESS		AUGUST 12	1984	10:45mm
-1	3. SEX		RACE	5. DATE C	F BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER TYEAR	IF UNDER 24 HRS
	K	nale	LAhit+	MONTH	/14/26	58	MONTHS DAYS	HOURS MIN.
1	Tu. Bil		. CITIZEN OF WHAT COL	UNTRY? 8	H 5	9 BALTIMORE CITY OR COU		
5	1	est Virginia	115 A	WIDOWE		BALTIMORE C	TTY	MD.
1	III. CI		1. NAME OF HOSPITAL,	NURSING HOME C	Transfer or the same of the sa	12a USUAL OCCUPATION		F BUSINESS OR
2	BA	LTIMORE J	(IF NOT IN SUCH FACILITY, GI	INS HOSI	PITAL	(TYPOF WORK FORMOST OF WORKI	C B+O	Railpond
		AL RESIDEN E (IF NURSING HOME OR O TATE 136 COUNT	THER INSTITUTION, GIVE RESIDEN	OR TOWN	13d. INSIDE CITY LIMITS?	13 STREET ADDRESS / ZIP C	/	17/6
4	_/	THER'S NAME	eay pru	INSWICK	YES NO 1	109 Par	17708	mue
	1	FIRST / P. A.	-dward	14ess	Greorgia	heono	e ma	rpole
5	16a W	VAS DECEASED EVER IN U.S. ARM	ED FORCES? 166 SOCI	AL SECURITY NO.	17. INFORMANT	ADDRESS	Part K	LUP.
A	- "	100	235	-32-0947	Shirley D. 1	Hess Doun	Swick	mel.
		18 CAUSE OF DEATH (Enter only	ane cause per line far (a	1, (b1, and (c1.1		- /	APPROX BETWEEN	MATE INTERVAL
1		PART I. DEATH WAS CAUSED IMMEDIATE	((()	DIAC	Arrest	8/1	2 940	-10 %
1			DUE TO, OR AS A CO	NSFOUENCE OF .				- 5
1		Canditians, if any, which		CARdIAL	Ischemia			30yrs)
		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CO	NSEQUENCE OF		100	1	1
		underlying cause last	(con	ONALY	ArTery di	sease (30)	105/ (3	(oyna)
		PART 2 OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTI	NG TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION	GIVEN IN PART 1	1
	ě	#15 Tory	of Suda	4 00 000	1Th by Ve	2011	Tachy ca	rdin
	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATION	N WAS PERFORMED		F YES, WIFRE FINDING CAUSES YES	
7	CER	21a. ACCIDENT WAS UNDERLYING	216 TIME OF INJURY		21c HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY IN ITER	A 18 PART LORPART 2)	
1		OR CONTRIBUTING CAUSE OF DEATH (# EITHER, NOTIFY MEDICAL EXAMINER)	HOUR A.M. MON	IIH DAY YEAK				
	MEDICAL	214 INJURY OCCURRED	21e PLACE OF INJURY	,	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
	ž	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY	, OFFICE, FARM, ETC 1	STREET	0 /1-	5011	31411
ı		220 I certify that (I) (this haspita	I) attended the decease	fram	130 19 8	L. ta 0 / 12		that (II (we) last
		saw the decease dive an abave, (I) (we) (did) did nat)	view the hady after deat	19 × 9 ar	d that in (my) (aur) apinian a	death occurred an the date and	haur and fram the	causes stated
		22b. SIGNATURE	A C		DEGREE		22c DATE	SIGNED
		Charles	11. 2).	lles M	D-PhDATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	(8/	13/84
		224 PHYSICIAN'S NAME (TYPE	1 1/2	1	22e ADDRESS 600	N WATER COL	PAT MO. A	4D
		Charles	J. DISS			topkINS HE	STITAL	ID.
	23a. B	URIAL, CREMATION, REMOVAL	236. DATE /	231 NAME OF C	EMETERY OR CREMATORY	23d LOCATION		
		Burial	8/16/84	Park	4e19hTS	Brunkwick	Fred	md.
	24. FL	JNERAL DIRECTOR	- 1	100PE	tersoille Risport	E REC'D. BY REGISTRAR 256. RE	GISTRAR'S SIGNAT	URE
	J	OhnT. William	is Tuneral	Honre, 1	Runkindo	1 TO SOK	1 70 1	02

water water the second Land Employed 16 2 H THE BURE IN THE PORT PROPERTY And had been been been a first to the second of the second a restrict of the control of the con

Leonard J. Ruck, Inc. 5305 Harford Rd

24 FUNERAL DIRECTOR

DHMH - 16 50M 4/83

(VRA 15. 4)

#16b, FilmG594 8/15/84 kam STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE **CERTIFICATE OF DEATH** REGISTRAR REG. NO 26 HOUR LAST 20. DATE OF DEATH MONTH MIDDLE DECEASED NAME TYPE OR PRINTS 1984 IF UNDER TYEAR IF UNDER 24 HRS DAYS HOURS BALTIMORE CITY OR COUNTY OF DEATH Baltimore Citu 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY 13e.STREET ADDRESS / ZIP CODE 4024 Deepwood Rd. 21218 LAST Steen Hestvik same as 13e APPROXIMATE INTERVA PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 70b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE and that in (my) (our) opinion death occurred on the date and how and from the couses stated 22c DATE SIGNED Baltimore, Md STATE COUNTY

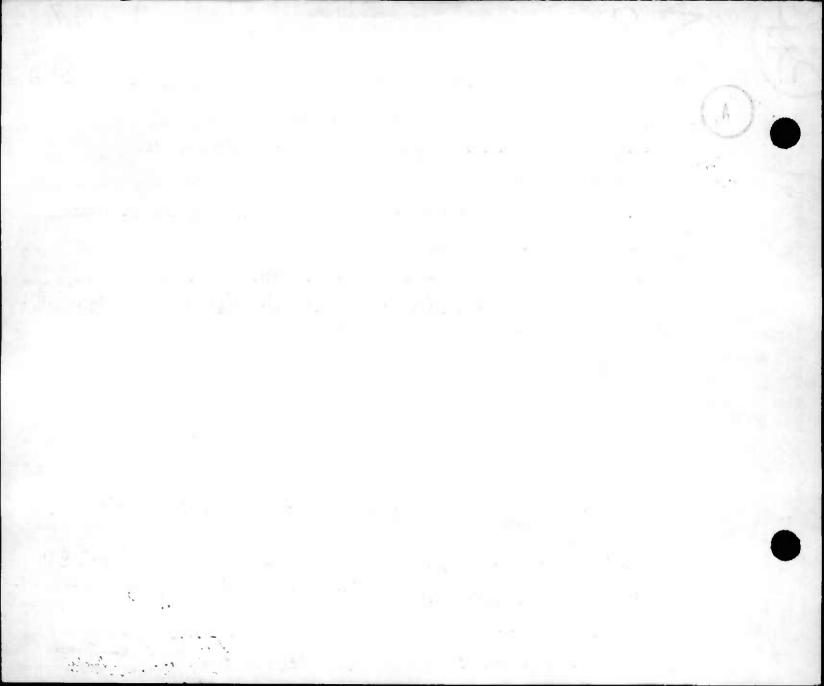
Maruland

Laydon Handell

REGISTRAR'S SIGNATUR

c 1084

ALIG



20M 4/B2

STATE OF MARYLAND

Male White Aug Maryland U.S. 4025 Fal Ba. Maryland Jessie M. Walter C. Heubeck 118 24 31/2 Mrs. Richard Heubeck

tor, page 3 after death

completely filled in

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and co should be detached for use as the burial-transit permit. Then please remove carbangabers. Pages 1 with the State Dept. of Health and Mental Hygiene prior ta burial, cremation, or removal.

MPORTANT; If Hem 21 is marked or Hem 18 shaws any injury, or ather traumatic event, the

120

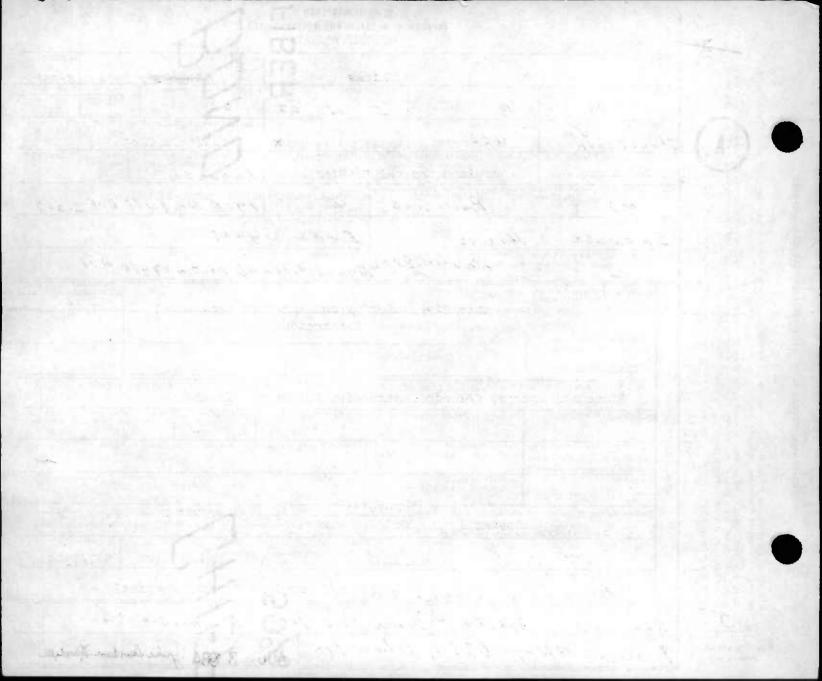
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	1 - STATE HEGISTRAR	DE		EALTH AND MENT		REG. NO).		
1	1. DECEASED NAME FRST	MIDDLE	Ĺ	AST		20 DATE OF DEATH	MONTH DA	Y YEAR	2h HOUR
1	(TYPE OR PRINT) She1	ton	Hi.	cks	3.75	Augus	+ 7.	1984	4: 35P N
1	3. SEX	4 RACE	S. DATE C		21.1	AGE IN YEARS LAST BIRT		UNDER 1 YEAR	IF UNDER 74 HRS
3	proj.	3	MONTH	DAY	32	62	YRS.	DATS DATS	HOURS MIN.
	Te. BIRTHPLACE STATE OR EOREIGN	7b. CITIZEN OF WHAT COU	MARRIE	D NEVER MARK	RIED	9 BALTIMORE CITY O			
4	IO CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL	WIDOWE		CED 🔠	Baltimo:			MD MD
1	Baltimore	(IF NOT IN SUCH FACILITY, GN Maryland			ION	(TYPE OF WORK FOR MOST OF	WORKING LIFE)		F BUSINESS OR
	USUAL RESIDENCE (IF NURSING HOME O 13a, STATE	NTY DE CITY O		13d. INSIDE CITY L		13. STREET ADDRESS	ZIP CODE	E AUD	2,217
	Spencer	MIDDLE	AST	15 MOTHER'S MA		YKES MIDDLE		tAS	1
	160 WAS DECEASED EVER IN U.S. AI (YES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES? 16b. SOCIA		17 INFORMANT	11/1/1	AD 1410 A	R-9 4 /	6 411	
	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSI			ior and I				BETWEEN C	MATE INTERVAL ONSET AND DEATH
	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT Propaghia 7	DUE TO, OR AS A CON (b) DUE TO, OR AS A CON (c) CONDITIONS CONTRIBUTING Asthma, Chroni	NSEQUENCE OF		THE TERMI		DITION GIVE	N IN PART 110	0
	Bronchial A 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR				20a AUTOPSY?		WERE FINDIN	
_	RTIE					YES NOTE	YES		NO 🗌
	OR COLUMNIA COLUMN	HOUR A.M. MONT	TH DAY YEAR	21c HOW INJURY	OCCURRE	ED (ENTER HATURE OF INJUR	Y IN ITEM TO PAR	RI T OR PART 2)	
	WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY,	OFFICE FARM, ETC)	211 LOCATION STREET		CITY OR TOV	VN.	COUNTY	STATE
	22a.1 certify that (If (this hosp saw the deceased alive a above. (More) (did) (did) (did)		19 84 01		9 <u>84</u> apinion d	. to <u>August</u>	te and hour	9 <u>84</u> . and from the	that 🙀 (we) last causes stated
d	22% SIGNATURE	1/		DEGREE				22c. DATE	SIGNED
	m	er 1 lous	e mas	PHYS	ICIAN [MEDICAL STAF		8/1/	1984
	22d. PHYSICIAN'S NAME (IVPE	Door Kion	ne mode	C/O Ma	rylar	nd General	Hospit	al	
	230 BURIAL, CREMATION, REMOVAL	1 236. DATE	235 NAME OF C	EMETERY OR CREM	ATORY	23d LOCATION CITY OF TOWN	17.6	conta	STATE
	74 FUNERAL DIRECTOR	1.30	Dores Of lan	W/12	25a. DATE	REC'D. BY REGISTRAR			URE

DHMH - 16 50M 4/83 (VRA 15, 4)

retained by the hospital or attending physician



DHMH - 16 50M 4/83 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

٠.	REGISTRAR				CERTIF	ICATE OF DEATH		REG. NO.			
	CEASED NAME					AST	20. DATE OF	DEATH MONTH	DAY YEAR	R 2b. HOUR	_
(ITP)	E OR PRINT)	ANNIE			1	HEER		Aug. 1	5 1984	4:35A	1
3. SE		4. R/		/	5. DATE C	1747	6 AGE (INY	EARS LAST BIRTHDAY)	MONTHS DA		_
	FEMANE		cane	ASON	JUL			RXX 89 ,		AVS HOURS MIN	
7a. B	IRTHPLACE STATE OR FO	REIGN 76 C	ITIZEN OF	WHAT COUNTRY?	8. MARRIE	D NEVER MARRIED	9 BALTIMO	RE CITY OR COU		1	_
	ENGLANIT		MSA		WIDOWE	. /	BAN	TIMORE	CITY	N	۱
10 C	TY OR TOWN OF DEAT			HOSPITAL, NURSIN		OR OTHER INSTITUTION		OCCUPATION FOR MOST OF WORKE		ID OF BUSINESS O	R
	BAVTIMORE	16	INTAVE	HEBREN GO	RIATRA	C CENTER TAL	HOUSE			HOME	
	AL RESIDENCE (IF NURSIN	G HOME OR OTHE	RINSTITUTION.	GIVE RESIDENCE BEFORE		13d. INSIDE CITY LIMITS?	3106 I	SANCROFT ADDRESS / ZIP C	RD.,APT	r.F ₍₂₁₂₁₅	
N	nARYLANTI	30. COOI411		BATIM	RE	YES NO		XXXXXXX			-
14. F/	ATHER'S NAME	MIDDI	,	LAST		15. MOTHER'S MAIDEN NA	AME /	WIDDIE		1AST	Ī
	ISRAEL	MIDDE	,c	WEINER	2	FANNTE		MIDDEE	RA	ASS	
	WAS DECEASED EVER IN			16b. SOCIAL SECU		17 INFORMANT		ADDRESS			Т
	YES, NO OR UNKNOWN)	(# YES, GIVE WAR	OR DATES)	216-05-0	6045	MRS. CRANIE	ROSEN 7	505 SLAI	DE AVE.	21208	
	18 CAUSE OF DEATH			line far (a), (b), and					APP	PROXIMATE INTERVAL	1
	PART I. DE ATH WA	S CAUSED BY MMEDIATE CA		CHRONI	LR	ENAL FAILU	RE				
			DUE TO: OI	R AS A CONSEQUE	NCE OF						
	Canditions, if any,		(b)								
	gave rise to imme cause (a), stating		DUE TO, OI	R AS A CONSEQUE	NCE OF						
	underlying cause	lost.	(c)								_
	PART 2 OTHER SIGNI	FICANT CON	DITIONS CO	A .	-	NOT RELATED TO THE TERA		ORCONDITION	GIVEN IN PAR	T Ita	
O	CVA, A	SOUT	WIF	POSSIBLE	KEC	ENT ACUTE			IAC AX	CRHYTHIN	7
CERTIFICATION	190. DATE OF OPERATION	ON	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTO		IF YES, WERE FIN ERTIFYING CAU	NDINGS USED ISES OF DEATH?	
RTIF							YES 🗌	МОХ	YES 🗌	NO 🗆	
	OR CONTRIBUTING CA		21b. TIME O HOUR A.	FINJURY M. MONTH DA	Y YEAR	21¢ HOW INJURY OCCUR	RED (ENTERNA	TURE OF INJURY IN ITE	M IS PART I OR PART	2)	
CAL	(IF EITHER, NOTIFY MEDICA		P.,	M.	19	THE PLAN					
MEDICAL	214 INJURY OCCURRE		21e. PLACE (OF INJURY	ARM ETC)	21f LOCATION STREET		CITY OR TOWN	COUNTY	STATE	
~	AT WORK NOT WHILE				01		1	1			
	22a I certify that \$\mathbb{T}\$ (1		attended the	e deceased from _	8/9		4, 10	8/15	19 84	, that 粪 (we) lo	15
	saw the deceased above, (Liwe) (die	d) (data) vie	w the body	after death.	, ar	nd that in trans (our) apinian	death accurre	d on the date and	d have and fram	the causes stated	
	226. SIGNATURE	6.0			A TOW	DEGREE	WED10 ***	CTAFF	22¢ D	ATE SIGNED	

KW

22e ADDRESS

23c. NAME OF CEMETERY OR CREMATORY

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

FOR - STATE

VENINDAVE HEBREN GERLATRIC CENTER + HEEFICAL

23a BURIAL, CREMATION, REMOVAL 23b. DATE

23d LOCATION
CITY OF TOWN

MARYLAND

FUNERAL DIRECTOR SOL LEVINSON & BROS., INC. 250 DATE RECONSTRUCTION REISTERSTOWN RD. BALTIMORE, MARYLAND 2121 AUG 2 24. FUNERAL DIRECTOR

BALTIMORE MARYL. EC'D. BY REGISTRAR'S SIGNATURE

1 0	REGISTRAR ECEASED NAME FIRST (MIDDLE	CERTIFICATE OF DEATH	REG. NO.
	PE OR PRINT) CARIST	Christina)	HIGH	8 23 84
3. SI		4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR
	FEMALE	BLACK	12 23 34	L(Q YRS.
70. E	BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	MARRIED WEVER MARRIED	9. BALTIMORE CITY OR COUNTY OF DEATH
9 1 N	Lew York		WIDOWED DIVORCED OF NG HOME OR OTHER INSTITUTION	Ballimera City 120. USUAL OCCUPATION 176. KIND
46 F	Ballimore	(IF NOT IN SUCH FACILITY, GIVE STREET	OSC Itel	(TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTR
	JAL RESIDENCE (IF NURSING HOME OF STATE 136 COU	R OTHER INSTITUTION, GIVE RESIDENCE BEFOR		13e. STREET ADDRESS
	laryland ATHER'S NAME	Baltimo	YES NO 1	1618 Ashburton St
20	FIRST Major	MIDDLE LAST	FIRST	MIDDLE
	WAS DECEASED EVER IN U.S. AF		Lottie URITY NO. 17. INFORMANT	ADDRESS
1	Unknown (IF YES, GI	220-36	-0110 Shelia Hig	h 1618 Ashburton S
	Conditions, if any, which gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQU	JENCE OF	
6 TIFICATION	gove rise to immediate couse (a), stating the underlying couse lost.	0.000		AINAL DISEASE OR CONDITION GIVEN IN PART 200. AUTOPSY? 200. IF YES, WERE FINE IN CERTIFYING CAUS YES NO YES YES
6 6 Al CERTIFICATION	gove rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE	CONDITIONS CONTRIBUTING TO 19b. CONDITION FOR WHICH 21b. TIME OF INJURY HOUR A.M. MONTH D	DEATH BUT NOT RELATED TO THE TERM H OPERATION WAS PERFORMED DAY YEAR 21c. HOW INJURY OCCUR	200 AUTOPSY? 20b. IF YES, WERE FING IN CERTIFYING CAUS
MEDICAL CERTIFICATION	gove rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	CONDITIONS CONTRIBUTING TO 19b. CONDITION FOR WHICH 21b. TIME OF INJURY HOUR A.M. MONTH D	DEATH BUT NOT RELATED TO THE TERM H OPERATION WAS PERFORMED DAY YEAR 19 211. LOCATION	20a AUTOPSY? 20b. IF YES, WERE FINE IN CERTIFYING CAUS
	gove rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE AT WORK A	CONDITIONS CONTRIBUTING TO 19b. CONDITION FOR WHICH 21b. TIME OF INJURY HOUR A.M. MONTH D P.M. 21c. PLACE OF INJURY	DEATH BUT NOT RELATED TO THE TERM H OPERATION WAS PERFORMED 21c. HOW INJURY OCCUR 19 21f. LOCATION STREET	200 AUTOPSY? YES NON YES THE PING CAUS YES NON YES TO REPORT 2 CITY OR TOWN COUNTY death occurred on the date and hour and from the late of the part 1 or part 2
	gove rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTHEY MEDICALEXAMINE AT WORK NOTHING AT WORK NOTHING Sow the deceased of the obove, (1) (we) (did) (did not 22b. SIGNATURE P. M. M. COUSE OF DEATH OF THE COURSE OF DEATH OF THE COURSE OF T	21b. TIME OF INJURY HOUR A.M. MONTH D P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, (b) otherwise the body offer death.	DEATH BUT NOT RELATED TO THE TERM H OPERATION WAS PERFORMED 21c. HOW INJURY OCCUR 19 FARM. ETC 1 21f. LOCATION SIREET . 19 . ond that in (my) Gurl Apinion DEGREE ATTENDING PHYSICIAN [200 AUTOPSY? 200 IF YES, WERE FIND IN CERTIFYING CAUS YES NO YES TENDER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 CITY OR TOWN COUNTY death occurred on the date and hour and from the
MEDICAL	gove rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTHER MEDICAL EXAMINE AT WORK A	(c) CONDITIONS CONTRIBUTING TO 19b. CONDITION FOR WHICH 19b. CONDITION FOR WHICH 21b. TIME OF INJURY HOUR A.M. MONTH D P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, 11bl) ottended We deceosed from, 211 view the body offer depth.	DEATH BUT NOT RELATED TO THE TERM H OPERATION WAS PERFORMED 216. HOW INJURY OCCUR 19 216. LOCATION STREET Ond that in (my) (our) Ppinion DEGREE ATTENDING PHYSICIAN [128]	200 AUTOPSY? YES NO YES TENTING CAUS YES NO YES TO REPART 2 CITY OR TOWN COUNTY COUNTY 200. IF YES, WERE FINE IN CERTIFYING CAUS YES COUNTY COUNTY 210. IF YES, WERE FINE IN CERTIFYING CAUS YES COUNTY COUNTY 211. OATOMN 221. DA

INDUSTRY 846 Harlem Ave. LAST Dolores Finney 2914 Loudon Ave. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART'S, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES T NO F 21c. HOW INJURY OCCURRED (ENTER NATURE OF TOURY IN ITEM 18 PART I OR PART 2) CITY OF TOWN COUNTY STATE and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED DIRECTOR PHYSICIAN COUNTY Catonsville 25e. DATE REC'D. BY REGISTRAR 25b, REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR DHMH - 16 50M 4/B2 ADDRESS a Davidson LEROY O. DYETT 4600 LIBERTY HGTS. (VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

MONTH

8

YRS

24

YEAR

84

12b. KIND OF BUSINESS OR

IF UNDER I YEAR

FOR

- STATE

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer

etoined by the hospital or attending physician.

DHMH - 16 50M 4/83

(VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and co should be detached for use as the burial-transit permit. Then please remove corban papers. Pages 1 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

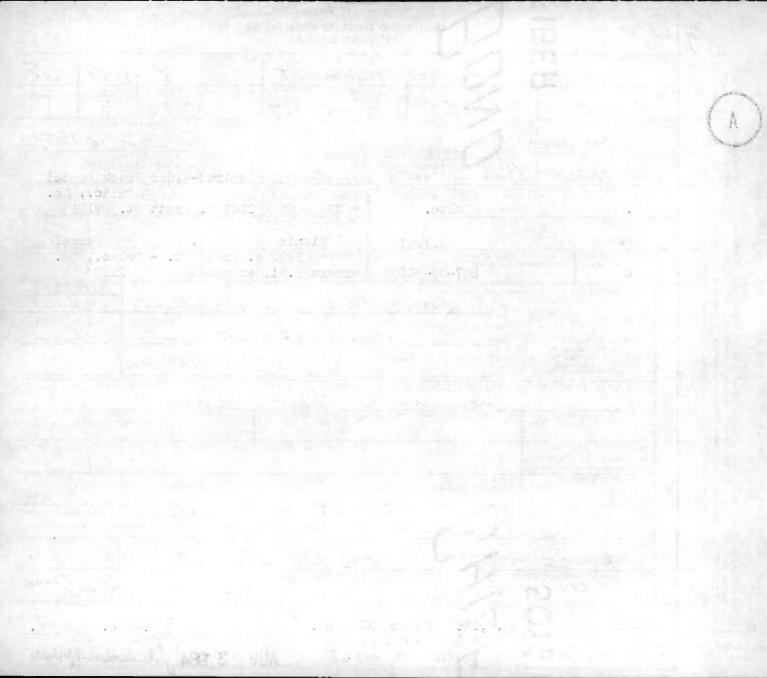
completely filled in by the fu s Land 2 should be filed with

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

3

	- STATE REGISTRAR		DEPARTMENT OF H CERTIF	FICATE OF DEATH	REG, NO.		
	CEASED NAME FIRST	MIDDLE	113,00	IAST A A A A A A T	20. DATE OF DEATH MO	NTH DAY YEAR	26 HOUR
	1Hom 43	H.		REPERNET	}	-/ SY	E IF UNDER 24 H
3, SE	MALE	4. RACE	S. DATE O		6. AGE (IN YEARS LAST BIRTHD)	MONTHS DAYS	HOURS M
	SIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT CO	OUNTRY? 8		9. BALTIMORE CITY OR C	OUNTY OF DEATH	
5	COUNTRY SA-ANN	a. USA	WIDOWE	ED NEVER MARRIED L	BA	mores	CITY
10. CI	TITY OR TOWN OF DEATH	11. NAME OF HOSPITA		OR OTHER INSTITUTION	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W		OF BUSINESS
+ 1	GAZTIMORE	BON DE	ENCE BEFORE ADMISSIONI	MOSPINAL	Retired-Ryd		
5 130. 5	JAL RESIDENCE (IF NURSING HOME O STATE 136 COU Md.		Y OR TOWN	YES XX NO	13e.STREET ADDRESS / ZI 2202 W. Pra	r CODE Balto. tt St. #21	, Md.
14. FA	ATHER'S NAME FIRST	WIDDLE	LAST	15. MOTHER'S MAIDEN NA	WE	l.	AST
0	Thomas		Alfraid	Minnie	Α.		rsel
	WAS DECEASED EVER IN U.S. AI (YES, NO OR UNKNOWN) (IF YES, GI	IVE WAR OR DATES	03-3089A	17 INFORMANT 2202 Barbara A.Hil		- Balto., #21223	
	18 CAUSE OF DEATH (Enter o	nly one couse per line for	o), (b), and (c).)			APPRO	XIMATE INTERVA
	PART I. DEATH WAS CAUSI	ED BY: TE CAUSE (a)	33RB10 -	RRESPIRATO	KY ARLE	50 /	Du
N	gove rise to immediate couse (a), stating the underlying couse lost PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A C	ONSEQUENCE OF	ANCER DE	META	15 179515	lio.
ATIC	19a DATE OF OPERATION	19b. CONDITION FO	OR WHICH OPERATION	ON WAS PERFORMED		Db. IF YES, WERE FIND CERTIFYING CAUSE	
1					YES NO	YES	NO [
AL CERTIFICATION	21g. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DE	HOUR A.M. MC	ONTH DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN		NO 🗌
MEDICAL CERTIFIC		HOUR A.M. MC	DNTH DAY YEAR 19 RY	21c HOW INJURY OCCURI			NO 🗌
	OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED AT WORK NOT WHILE AT WORK AT WORK 22a.1 certify that (1) albas hosp	HOUR A.M. MC P.M. 21e PLACE OF INJU (AT HOME, STREET, FACTO poitol) ottended the deceo-	DNTH DAY YEAR 19 RY DRY, OFFICE, FARM. ETC.] sed from.	211. LOCATION STREET	RED (ENTER NATURE OF INJURY IN	COUNTY	NO STAI
	OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d. IN JURY OCCURRED WHITE AT WORK AT WORK 220. I certify that (I) albis hosp sow the deceosed olive as obove. (I) (I) (I) (I)	HOUR A.M. MC P.M. 21e PLACE OF INJU (AT HOME, STREET, FACTO pitol) oftended the deceose	DNTH DAY YEAR 19 RY DRY, OFFICE, FARM, ETC.] sed from ONT, 19	211. LOCATION STREET 2 1989 and that in (my) (øur) opinion	RED (ENTER NATURE OF INJURY IN	COUNTY 19 27 ond hour ond from the	STAI
4	OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICALEXAMINE 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22a. I certify that (I) this hosp sow the decrosed olive	HOUR A.M. MC P.M. 21e PLACE OF INJU (AT HOME, STREET, FACTO pitol) oftended the deceose	DNTH DAY YEAR 19 RY JOHY, OFFICE, FARM, ETC.] sed from JOHN, OFFICE, FARM, ETC.]	211. LOCATION STREET 2 1989 and that in (my) (our) opinion. DEGREE	RED (ENTER NATURE OF INJURY IN	COUNTY Ond hour and from th	NO STATE
	OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d. IN JURY OCCURRED WHITE AT WORK AT WORK 220. I certify that (I) albis hosp sow the deceosed olive as obove. (I) (I) (I) (I)	HOUR A.M. MC P.M. 21e PLACE OF INJU (AT HOME, STREET, FACTO pitol) ottended the deceo-	ONTH DAY YEAR 19 RY ORY, OFFICE, FARM, ETC sed from ONT, 0	211. LOCATION STREET 2 1989 and that in (my) (our) opinion. DEGREE	CITY OR TOWN	COUNTY Ond hour and from th	NO thouse we couses state
WEDICAL 230. E	OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHITE AT WORK AT WORK 22a. I certify that (1) this hosp sow the deceased olive or obove. (1) Twe) (did) (did of this state)	HOUR A.M. MC P.M. 21e PLACE OF INJU (AT HOME, STREET, FACTO attivities the body offer delegate) OR PRINT	DNTH DAY YEAR 19 RY DRY, OFFICE, FARM, ETC.] Sed from ONT, 19 23c, NAME OF C	211. LOCATION STREET 19 9 7 and that in (my) lour) opinion DEGREE ATTENDING PHYSICIAN	CITY OR TOWN CITY OR TOWN death occurred on the date MEDICAL STAFF DIRECTOR PHYSICIAL	COUNTY Ond hour and from th	NO STAT
230. 1	OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHITE AT WORK 22a. I certify that (I) this hosp sow the deceosed olive or obove. (I) (I) (I) (I) (I) (I) (I) (I) 22d. PHYSICIAN'S NAME (TYPE) BURIAL CREMATION, REMOVA	P.M. 21e PLACE OF INJUINATION OF PRINTIPAR AND AUG. 1984 L. 23b. DATE Aug. 4, 1984	PONTH DAY YEAR 19 RY Sed from 23 (NAME OF C) CODAR HI	211. LOCATION STREET 211. LOCATION STREET 1987 and that in (my lour) opinion DEGREE ATTENDING PHYSICIAN A 27e. ADDRESS //// STREET CEMETERY OR CREMATORY ill Cem.	CITY OR TOWN CITY OR TOWN death occurred on the date MEDICAL STAFF DIRECTOR PHYSICIAL Coal Sf.	COUNTY Ond hour and Irom the COUNTY Balto.	state NO STATE STA



director, page 3

TO FUNERAL DIRECTOR: After this certificate has been signed by the offending physicion and should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remayal.

executed within 24 I

deoth certificate be

requires that the

ATTENDING PHYSICIAN: The low

TO HOSPITAL

retained by the hospital or attending physicion

1.	FOR STATE REGISTRAR	DEPARTM	ENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GLENE REG. NO	
	CEASED NAME FIRST GORPRINT) Grace	So a 1	H 111		MONTH DAY YEAR 26 HOUR
3. SE		Black	5 DATE OF BIRTH MONTH DAY YEAR OCto 12-17	6 AGE (IN YEARS LAST BIRT	HDAY) IF UNDER I YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
c	S, C	CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	132/64	ROUNTY OF DEATH
B	11. OR TOWN OF DEATH 11.	UF NOT IN SUCH FACILITY, GIVE STREET A	S HOSPITAL	120 USUAL OCCUPATION OF OF WORK FOR MOST O	F WORKING LIFE) INDUSTRY
130 3	AL RESIDENCE (IF NURSING HOME OR OTH STATE 13b COUNTY	13c CITY OR TOWN	13d. INSIDE CITY LIMITS? OFFE YES NO 15 MOTHER'S MAIDEN N	13e STREET ADDRESS	ederal Street 2121
	Ne/se was deceased ever in u.s. armei	Voun	& Hannan	AME MIDDLE	Mc Moore
	YES, NO OR UNKNOWN) (IF YES, GIVE WA	2/2-26-	4409 Rosa Na	rtin 917/7	CONNE APPONING
TION		DUE TO, OR AS A CONSEQUE (1) DITIONS CONTRIBUTING TO D	<u>EATH</u> BUT NOT RELATED TO THE TER	MINAL DISEASE OR CON	
CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH (200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \(\bigcap \text{NO} \Bigcap \text{NO} \Bigcap \text{NO} \Bigcap \text{NO} \Bigcap \text{NO} \Bigcap \text{NO} \Bigcap \text{NO} \Bigcap \text{NO} \Bigcap \text{NO} \Bigcap \text{NO} \Bigcap \Bigcap \text{NO} \Bigcap \Bigcap \Bigcap \Bigcap \Bigcap \
MEDICAL CE	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	21b. TIME OF INJURY HOUR A.M. MONTH DA P.M. 21e. PLACE OF INJURY	Y YEAR 19 216 HOW INJURY OCCU	RRED (ENTER NATURE OF INJUR	IY IN ITEM 18, PART 1 OR PART 2)
ME	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, FA		CITY OR TOW	VN COUNTY STATE
	270.1 certify that (1) (this hospital) sow the deceosed alive an above, (1) (we) (did) (did not) vi 225 SIGNAL RE 226. PHYSIC AIN S NAME THE OR PRI	ew the body ofter death.	DEGREE	MEDICAL STAL	the ond hour and from the causes stated 27c. DATE SIGNED 8-30-84
(Burial	136. DATE 236. N 8-31-84 HO	AME OF CEMETERY OR CREMATORY	BELLIA)	
24 FU	NAME RANGESTOR	60 Wick 243/1	E. Oliver St. Al	JG 3 O 1984	Julia Davidson-April 22

STATE OF MARYLAND

The analysis and an analysis a

injury, or other traumatic event, the

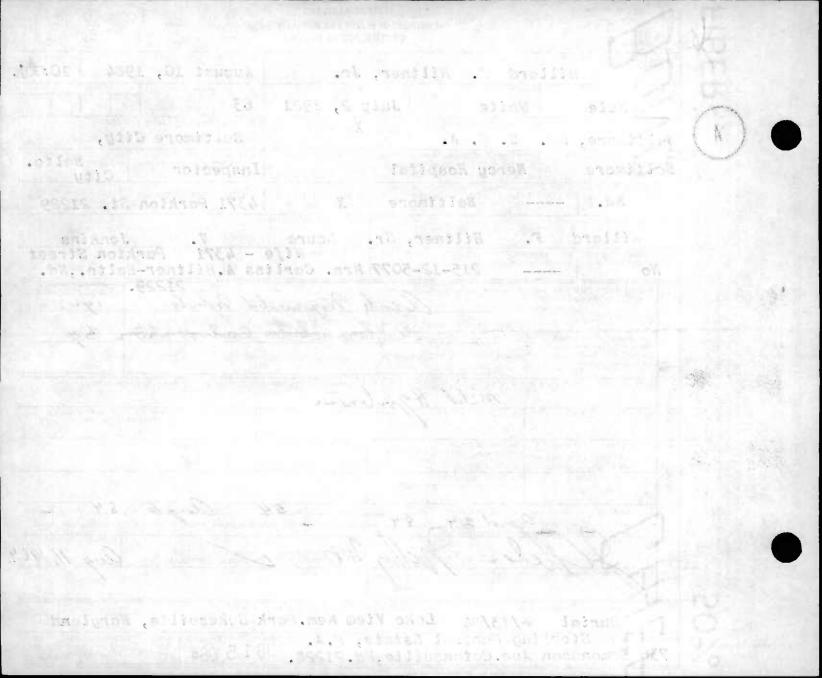
ST	AT	E	OF	M	ARY	LA	ND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE REGISTRAR		CERTI	FICATE OF DEATH	REG.	NO.		
DECEASED NAME FIRST	lard F. H	iltner	Jr.	20. DATE OF DEATH	MONTH	1984	10:00%
.sex Male	4. RACE White	5. DATE	OF BIRTH	6 AGE (IN YEARS LAST)	BIRTHDAY)YRS	IF UNDER TYEAR MONTHS DAYS	7M
BIRTHPLACE (STATE OR FOREIGN COUNTRY). Baltimore, Md.	76. CITIZEN OF WHAT COL	MARRII WIDOW	ED A. NEVER MARRIED DIVORCED D	9. BALTIMORE CITY Baltin			MD.
CITY OR TOWN OF DEATH Baltimore .	11. NAME OF HOSPITAL,	pital:		12a USUAL OCCUPA The of work for most	TION TOF WORKING	GLIFE) 17b. KIND C INDUSTRY Cit	Balto.
SUAL RESIDENCE (IF NURSING HOME OF STATE Md. 136 COU		CE BEFORE ADMISSION DRJOWN LMOTE	YES NO	134 STREET ADDRESS	rkto	n St. 2	21229
FATHER'S NAME **Nillard** **Tillard** **T	F. Hilti	ner, Sr		MIDDLE		Jenki	ins
WAS DECEASED EVER IN U.S. AI	DIE MAR OR DATES	12-5077	1				
18. CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUS	inly one cause per line for (o). ED BY:	, (b), and (c).)	1-91	0001	2122	9 BETWEEN	MATE INTERVAL ONSET AND DEATH
PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING PORTION FOR	Hype	lensen.	AINAL DISEASE OR CO	20b. IF	YES, WERE FINDI	NGS USED
19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING				YES NO		RTIFYING CAUSES YES [NO [
OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED	HOUR A.M. MON	19	21c. HOW INJURY OCCURI	RED (ENTER NATURE OF IN		(COUNTY	STATE
WHILE AT WORK NOT WHILE AT WORK 220.1 certify that (I) (this hasp saw the deceased alive or above. If I) and I in I	pital attended the deceased in 2	19 84	, 19 5 and that in (my) (point on	death occurred on the	dote and l		that (I) (we) last couses stated
22h SIGNATURE	OR PRINT)	Holly	ATTENDING PHYSICIAN 2	MEDICAL ST	AFF ICIAN 🗌	aug.	SIGNED _ // /98
10	3.74(3.51)	(
Burial, CREMATION, REMOVAL (SPECIFY) Burial FUNERAL DIRECTORS TERL 736 AME TOTAL	8/13/84	Lake V	cemetery or crematory iew Mem.Par	k Sykesu	ille	Marul	ORIGINATE

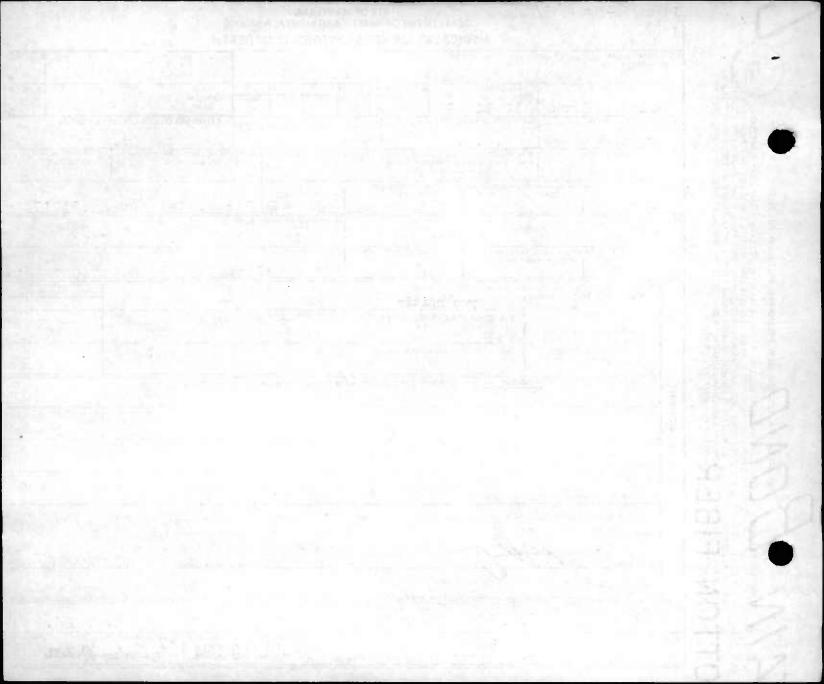
DHMH - 16 50M 4/83 (VRA 15, 4)

TO HOSPITAL



	19	- 1				
	BVI	N A	IOURS	TREET,		
	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS NECESSARY ILLADOR	EXECUTE THE CEPTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND 3 TO THE FUNERAL DIRECTOR. PAGE A SHOLLID RE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. 3. RETAIN PAGE 5 FOR YOUR FIRM	TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL TRANSIT PERMIT. PAGES AND SHOULD BE FILLED WITHIN 72 HOURS	AFTER DEATH, WITH THE STATE DEP. RTWENT OF HEALTH AND MENTAL HYGIENG, DIVISION (***) AS THE STATE OF WITH PRESTON STREET,		-
	IS NECE	E PUNE	IID. WIL	W. PR	7	
	DELAY	3 TO TH	DEFE	800	Ž	7
0.2120	IF ANY	RETA	SHOUL	650	2	
DRE, MC	DEATH.	M PM	ANDA	9		
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201	AFTER	TH FOR	AGES	/ISION	1	7
N ST., B	HOURS	NG WI	RMIT. P	NE DI	į.	
RESTO	HIN 24	IL IN ITE	NSIT PE	LHYGIE	EMOV4	
01 W. P	TED WIT	N PENC XAMIN	AL-TRA	MENTA	N, OR R	
DRDS, 2	EXECU	OING"	A BURI	TH AND	EMATIO	
AL RECO	OULD BE	FF ME	SED AS	F HEALT	IAL, CRI	
OF VIT.	ATE SH	E WORL	LD BE U	WENTO	and of	í
VISION	ERTIFIC	FD TO	3 SHOU	SEP ART	PRIOR	-
ā	: THIS	E, WRIT	PAGE	STATE [, 21201	
	VAINER	R FO	ECTOR	THI	SYLAND	
	AL EX	THE CER	AL DIR	ATH, WI	ZE, MAR	-
	MEDIC	ECUTE 1	FUNE	TER DEA	BALLIMORE, MARYLAND, 21201 PR OF TO BURIAL, CREMATION, OR REMOVAL.	-
	5	X &	7	A	BA	

1.	FO ST	R	a 0/13/	'84 mtb F	DEPART	STATE	ALTH .	AND M	ENTAL H	400		2 REG. N		ું ડ ૦	
	ECE	ASED NAME	FIRST		Hilt			AST		-	OF DATE	KNOWN & ESTI- MATED	MONTH	DAY YEAR	26 HOUR
	EX	4. RA		5. DATE OF BIRTH	YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS	DER 1 YR.	IF UNDER		RONOUN		7/6	DAY YEA	8:24 A
7a.	BIRTI	HPLACE (STATE OR COUNTRY) Cyland	Idck	10 21 76 CITIZEN OF W		/	MARRIEI IDOWE		VER MARR	IED X X	. BALTIM	ore city of	OR COUN	TY OF DEATH	AI A
	CITY	ortown of DE	ATH		SPITAL, NE	JRSING HOME, OI				12a. USU		ATION (TYP		12h KIND OF I OR INDUS	BUSINESS
13a.	STA	residence (IF IN N	URSING JOVE OR	OTHER INSTITUTION O	IVE RESIDENCE		1	3d. INSIDE (ITY LIMITS?		ET ADDRE		oun	St.212	217
	FATH	ER'S NAME FIRST irby		MIDDLE H.		n-Bey			elen			DDLE M.		Carey	
	(YES, I	S DECEASED EVE NO, OR UNKNOWN) NOWN	(IF YES, GIVE W	AED FORCES?		CIAL SECURITY NO		7. INFORA	6	ltor	-Bey	ADDRESS 934		N.Stricker St	
		Conditions, if gove rise to couse (o) stotic lying couse los	immediate ig the <u>under</u>	(b)	RAS A CO	NSEQUENCE OF NSEQUENCE OF	DISEASE (DR CONDITION	N GIVEN IN PA	RT 1 to					
TIFICATION	19	0. DATE OF OPER	ATION	196 COND	ITION FOR	WHICH OPERATION	ON WA	S PERFOR	MED?					20 AUTOPS	
MEDICAL CERTIFICATION	U C	ONTRIBUTING	OR CAUSE OF D		A. MONTH	DAY YEAR			OCCURRE	D LENTER N	ATURE OF INJ	URY IN ITEM 18	PARI I OR PA	ART 2)	
MED		WHILE OCCU	RRED T WHILE WORK		OF INJUR'		If. LÖC.	ATION			CITY OR TOV	VN.	co	YTAUC	STATE
	A S	22a I certify tho death resulted fro CTUAL IGNATURE (AMINER'S NAMI YPE OR PRINT)	m: Noture	gory R.	Accident		M.E	Homic TITLE (S	PECIFY) istan	Undete		nner,		ed 7/6/8	4
	BUR	RIAL RIAL			23c.	NAME OF CEMET	ERY OR	CREMATO	ORY	23d. LO	CATION	rund	CON	INITY	STATE
	N	eral director AME C Marcl	n F/H	Inc. 1		E North	Av			REC'D. BY	1984	R 25 REG	Davids	SIGNATURE	02.



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1.	STATE REGISTRAR			CERTIF	ICATE OF DEATH	REG.	NO.			
	CEASED NAME FIRST	raid "	IDDLE	L	AST .	20. DATE OF DEATH	MONTH 8 -	DAY 5-	YEAR	26 HOUR
3. SE		I4. RACE		5. DATE C	HENRY	6. AGE LIN YEARS LAST			DER 1 YEAR	IF UNGER 24 HRS
	âle	White		MONTH		72		MONTH		HOURS MIN.
			MIAT COUNTRY?	Ja	n 17 12		YRS		EATH	
/0. B	RTHPLACE (STATE OR FOREIGN COUNTRY)		VHAT COUNTRY?	MARRIE	D NEVER MARRIED	9. BALTIMORE CITY	OR COUN	TYOFD	EAIN	
	est Virginia			WIDOWE			6:1	7		M
	ITY OR TOWN OF DEATH		SPITAL, NURSING FACILITY, GIVE STREET		OR OTHER INSTITUTION	12a. USUAL OCCUPA			B. KIND O	F BUSINESS OR
Ba	altimore	Lutho	rn Hosp	$i \pm 21$		Canco/S	uperv	rise	Car	100
USU.		E OR OTHER INSTITUTION	STVE RESIDENCE BEFORE	ADMISSION)	1134. INSIDE CITY LIMITS?	13e. STREET ADDRES	S		21	224
M	, P	alto.	Balto.		YES NO X		Hills	ide	Ave	-
	ATHER'S NAME	WIDDLE	LAST		15. MOTHER'S MAIDEN NA				LAS	ıT
	Edwin	Α	Hines		Fanny	B_		Cas	kev	
	WAS DECEASED EVER IN U.S.	ARMED FORCES?	166. SOCIAL SECU	RITY NO.	17. INFORMANT		DRESS 34			
	no				Howard L.	Hines J	r.Bry	ans	ton	2
CERTIFICATION	gave rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICAN 199. DATE OF OPERATION	DUE TO, OF		DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CO	20b. IF Y	ES, WEI	RE FINDIN	NGS USED
E						YES NO		YES 🗌	CAUSES	NO 🗆
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM	F DEATH HOUR A.	A. MONTH DA	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF II	NJURY IN ITEM 1	8 PART 1 O	R PART 2)	
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE ((AT HOME STR	OF INJURY EET, FACTORY, OFFICE, F	ARM, ETC)	211. LOCATION STREET	CITY OF	HOWN	C	OUNTY	STATE
	22a.1 certify that (1) (this he saw the deceased alive above, (1) [me] [did (did	an 1	19_		nd that in (my) (our) opinion	death occurred an the	dote and h		from the	
	()	Mul	w		ATTENDING PHYSICIAN [MEDICAL S DIRECTOR PHY	TAFF SICIAN Z		6/	5/n
	MOGO	5 608	rever		22e ADDRESS				/	
230.	BURIAL CREMATION REMOVE (SPECBURIAL)	23b. DATE 8/8/			emetery or crematory n Park	23d LOCATION CITY OF TOWN		cou 11to		state Md.
24 F	UNERAL DIRECTOR				25g. DA	TE REC'D. BY REGISTR				URE

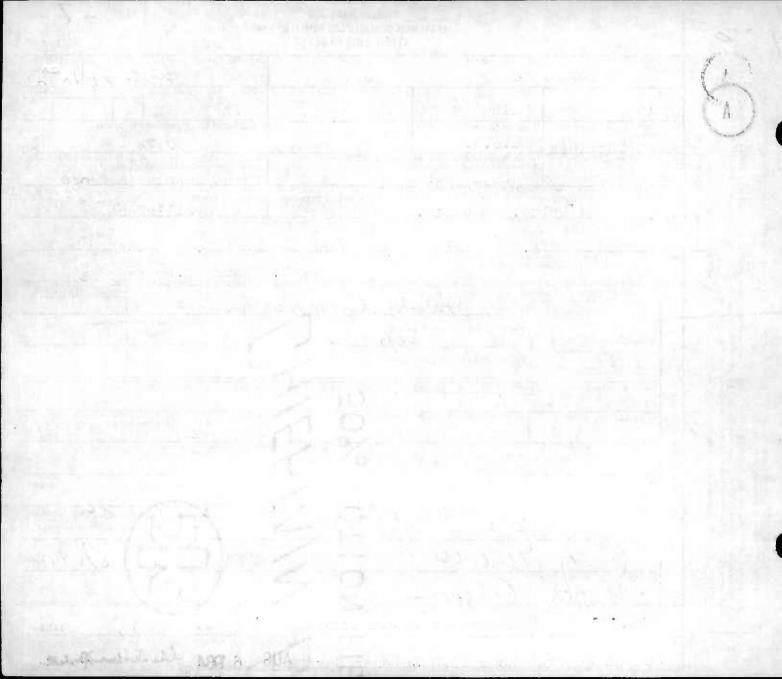
DHMH - 16 50M 4/82 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physical should be detached for use as the burial-transit permit. Then please remove corbon poper with the State Dept. of Health and Mental Hygiene prior ta burial, cremation, or removal. IMPORTANT: If Item 21 is marked or Item 18 shows any injury, ar ather traumatic event, It

TO HOSPITAL OR ATTENDING PHYSICIAN: The low etoined by the hospital ar attending physician.

> Home 1328 Sulpher SprinAUG Ambrose Funeral

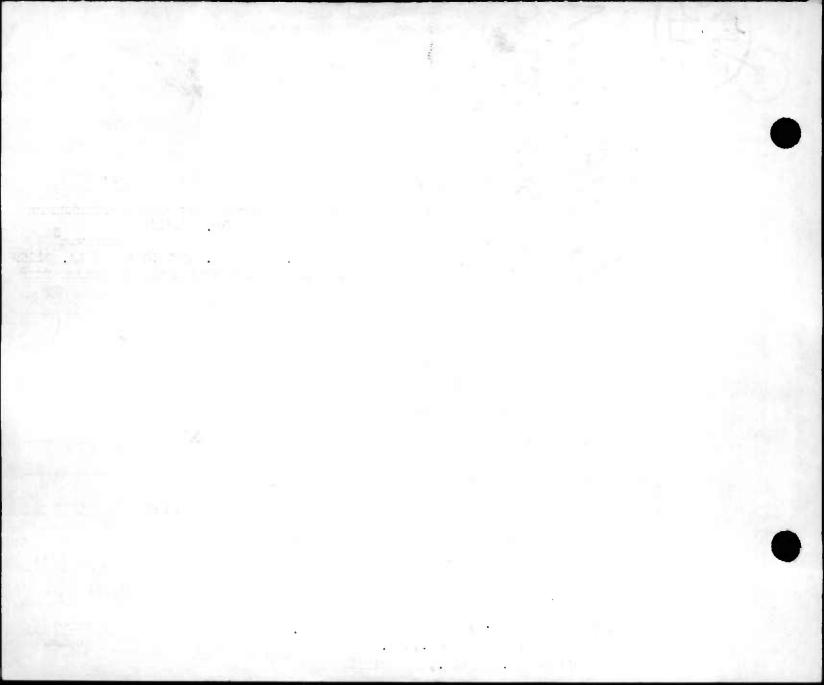
Julia Davidson Pandas



STATE OF MARYLAND

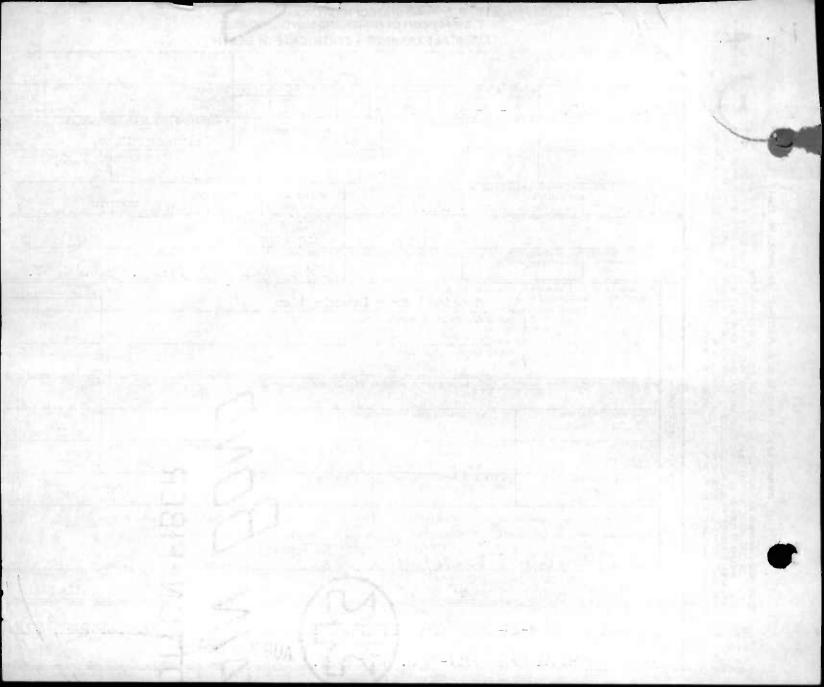
-	-STA	TE ISTRAR	DEPARI		ICATE OF DEATH	REG. N	40				
	DECEASI NPE ON PRO	Flore	FLORA MIDDLE	1 (HOCHMAN	26 DATE OF DEATH	MONTH DAY	84	O BODA		
3.	SEX	9 FEMALE	4. RACE WHITE	5 DATE O			WAS WONTH	S DAYS	IF UNDER 24 HRS HOURS MIN.		
35	-	MARYLAND XXXXX	76 CITIZEN OF WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED D	Baltimore city	OR COUNTY OF D	EATH	→ MD.		
10		IMORE	11. NAME OF HOSPITAL, NURSII	ADDRESS)		170 USUAL OCCUPAT (TYPE OF WORK FOR MOST HOUSEWIF)	OF WORKING LIFE) IN	N KIND OF DUSTRY AT HO	BUSINESS OR		
g 50 U	SUAL RES	IDENCE (IF NURSING HOME			13d. INSIDE CITY LIMITS? YES X NO	13e STREET ADDRESS	XXXXXXXXXX		ORDLEIGH Cox & Fr		
00	FATHER	FIRST	MIDDLE Coplin		15. MOTHER'S MAIDEN NA BESSLE			SXXXXX			
16	NO WAS D	ECEASED EVER IN U.S. A ORUNKNOWN) (IF YES, C	RMED FORCES? 166 SOCIAL SECTION OF THE SECTION OF T	JRITY NO.	17 INFORMANT DR. M	ARVIN L. ADSI		Gen	LXXXXXXXXX		
eveni, m	18 C	ART I. DEATH WAS CAU	only one cause per line for (a), (b), or SED BY: ATE CAUSE (a)		Carline o	ivvest		BETWEEN OF	ATE INTERVAL NSET AND DEATH		
Short refer to to	gov	ditions, if any, which e rise to immediate se (a), stating the erlying cause last	DUE TO, OR AS A CONSEOU	ence of		ne .					
7	5	TATE OF OPERATION	CONDITIONS CONTRIBUTING TO			20a AUTOPSY?	20b. IF YES, WEI	RE FINDING			
5.00		ACCIDENT WAS UNDERLYING ONTRIBUTING CAUSE OF D	EATH HOUR A.M. MONTH D	AY YEAR	21c HOW INJURY OCCUR			RPART 2)	NO []		
	21d.		21e. PLACE OF INJURY (AT HOME_STREET, FACTORY, OFFICE,	FARM, ETC]	211. LOCATION STREET	CITY PR TO	OWN	OUNTY	STATE		
2 5 1 5 TIO		aw the deceased arrow	pital) attended the deceased from 19 19		nd that in (my) (our) opinion	death accurred on the c	date and hour and		not (I) (we) last auses stoted		
- -	22b. SIGNATURE				DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN STAFF						
W CK	224_	D. Del	OR PRINT)			nvover	St. B	alt.	mo		
_ 2	(SPECIF	BURIAL	SEPT.2,1984 r	odfe :	zedek cong.	23d LOCATION CITY OF TOWN Baltimo	re	ma	aryland		
/83	601 (ALDIRECTOR SUL AME REISTERSTO	LEVINSON & BROS. WN RD. BALTO.	,INC. MD 21	1215 SE	P 7 1984	RIZSE REGISTRAR'S	SIGNATURE AND THE	Hall		

DHMH - 16 50M 4/83 (VRA 15, 4)



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	OBA OF
	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DEATH SECURE THE CERTIFICATE, WRITING THE WORD "FENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, An DEAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3. FETAIN AGE OF TO FUNERAL DIRECTOR; PAGES 3 SHOULD BE USED SA & BURRAL TRANSIT PERMIT. PAGES (TAND 2 SHOULD BE ALSO SHOULD BE USED SA BURRAL TRANSIT PERMIT. PAGES (TAND 2 SHOULD BE ALSO SHOULD BE USED SA BURRAL TRANSIT PERMIT. PAGES (TAND 2 SHOULD BE ALSO SHOULD BE USED SO SHOULD BE USED S

4	1-	FOR STATE	-22a 10/1		F 596 STATEPARTMENT OF H		ND MENTAL H		2	. 3	3 9			
R		EASED NAME	FIRST	MED	MIDDLE	LAS			REG. NO.	MONTH DAT	Y YEAR	2b HOUR		
Note: Se	(TYPE	OR PRINT)	Pamela		Hoque OF ESTI- DEATH MATED XX							N		
505V	3 SEX		1 RACE	5 DATE OF BIRTH	6. AGE (IN YEA		R 1 YR. IF UNDER		TE UNCED	MONTH DA		10:2		
Acce	-	MALE	BLACK	7 - 8-	57 27 YR		DAIS HOURS	DE	AD	8-21	21 1984 a. M			
Marga 25	M	RTHPLACE (ST REIGN COUNTRY) ARYLANT)	USA										
PAGE PAGE PAGE PAGE PAGE PAGE PAGE PAGE	1	Baltima	ore	(IF NOT IN SUCH FACE								126 KIND OF BUSINESS OR INDUSTRY		
IF ANY D 2, ANO 3 3. PETAIN SHOULD ALRECORE	13a. S1		(IF IN NURSING HOME (RESIDENCE BEFORE ADMISSION 136. CITY OR TOWN BALTIMORE	130	A INSTOL CITY LIMITS? YES NO	13e STREET ADI	RESS TITCHER S	STREET	2/2	17		
NO NE PARTH	GE	THER'S NAME FIRST ORGE	D EVER IN U.S. AR	MIDDLE	LAST HOGUE	IS. MOTHER'S MAIDEN NAME MIDDLE MARGARET 7. INFORMANT ADDRESS				HALL				
IRS AFTER DE S. GIVE PAGE WITH FORM DIVISION OF	NO	S, NO, OR UNKNO	(IF YES, GIVE	WAR OR DATES)				GEORGE HOGUE 1426 N. DU						
O WITHIN 24 HOUR: PENCIL IN ITEM 18. MINER ALONG WI. TRANSIT PERMIT. TRANSIT PERMIT. OR REMOVAL.		Candition gove rit cause (a)	ATH WAS CAUSE IMMEDIA ns. if ony, which se to immediate stating the under	TE CAUSE (a) COI	or (a), (b), and (c).) mbined drug as a CONSEQUENCE C)F	xication		5	18	APPROXIMATE TWEEN ONSET	INTERVAL AND DEATH		
JID BE EXECUTER "PENDING" IN F F MEDICAL EXA ED AS A BURIAL HEALTH AND MI IL, CREMATION,	MOITION	PART 2 DTHLR SI	GNIFICANT CONDITIONS		UT NOT RELATED TO THE TERMI			RT 1 (a).		[20	AUTOPSY?			
S S S S S S S S S S S S S S S S S S S	IFIC/	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		176. CONDIN	OTT ON THE OTT OF THE		Tell olivies.			10	YESXIX	NO [
RIFICATE SHOWER TO THE CHI SHOULD BE UP PARTMENT OF RIOR TO BURI	MEDICAL CERTIFICATION	UNDERLYING CONTRIBUTI	NG CAUSE OF	DEATH P.M.	MONTH DAY YEAR		/ INJURY OCCURRE	D LENTER HATURE O	FINJURY IN ITEM 18 PA	ART I OR PART 2)				
MRITING WARDED AGE 3 SH TATE DEP	MEDI	WHILE AT WORK	NOT WHILE [FINJURY (ATHOME, DRY, FARM, ETC.)	211 LOCA STRE		CITY OF	TOWN	COUNTY		STATE		
EXAMINER: CERTIFICATE, ULD BE FORV. DIRECTOR: F, WITH THE S. MARYLAND,		22a. I certify that I taak charge af the remains described obave, held an Autapsy X, Inspection , Inquiry , and in my apinic death resulted from Natural causes X, Accident , Suicide , Homicide , Undetermined monner , TITLE (SPECIFY) M.DASSISTANT MEDICAL EXAMINER SIGNED.									8-21-	84		
TO MEDICAL EX. EXECUTE THE CEP PAGE 4 SHOULD TO FUNERAL DII AFTER DEATH, W BALTIMORE, MA	/	EXAMINER'S (TYPE OR PRI	NAME Deni	nis F. Smy	И, м.р.			enn St.,		0.0.0	21201			
BP848	(5	BURTA		8-25-84	KING MEMO		Dinu	23d. LOCATIONA CITY OR TOWN	20.4	COUNTY MALLS TRAR'S SIGNA		ATE MD		
DHMH - 17 (VR A15 ME (5)) 20M 4/82		PHILLIP	S FUNERA	L HOME 17	21-27 N. MC	ONROE	ST. AUG	3 0.198	* 9					



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

П	1 - STATE REGISTRAR	CERTIFICATE OF DEATH	REG. NO.	
		LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
Ľ		HOLLEY	AUGUST 26, 1	984 1:10R
T	SEX 4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IE UNDER 24 HRS
L	temale black	5 23 1922	6Z YI	RS.
1	BIRTHPLACE FIRST DANGEIGH 76. CITIZEN OF WHAT C	OUNTRY?	9 BALTIMORE CITY OR COU	NTY OF DEATH
41	BAHO, Md. U.S.A	WIDOWED DIVORCED	City	MD.
100				126 KIND OF BUSINESS OR INDUSTRY
1	BAITO. Church F	tome Hospital	Clark	GOVT.
1	IN STATE MINICOUNTY TILECT			A A /-
4		TALES YES NO NO		s Pt. Ra.
V	To more The ma	FIRST	a 3100te	Thomas
16	REGISTRAM REGISTRAM		111-1432	
ł		1-22-3680 Jerry Hol	leu 110 Soll	ors Ar. Rd.
F	It CAUSE OF DEATH iEnter poly one course per line for	(a), (b), and (c.)	-	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
П	PART I. DEATH WAS CAUSED BY		AS	
П				
L	The state of the s			•
1	couse tot stating the DUE TO, OR AS A C	ONSEQUENCE OF		
1	underlying come lost.			
1		JTING TO DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION	GIVEN IN PART 110
	IN CONDITION FO	OR WHICH OPERATION WAS PERFORMED	20e AUTOPSY? 20h H	F YES, WERE FINDINGS USED
1		SK WINCH OF EKATION WAS TENTONINED	IN CE	ERTIFYING CAUSES OF DEATH?
1	216 ACCEDENT WAS UNDERCORDED TO 216. TIME OF INJUR	Y 21c HOW INJURY OCCU		
	HOUR A.M. MC	ONTH DAY YEAR		
1	214 NULLY OCCURRED 21e PLACE OF INJU	IRY 211 LOCATION		
F	ALLES T. L. SHOT MINET T. T.	ORY, OFFICE FARM, ETC) STREET		COUNTY STATE
1		sed from AUGUST 22 19 E	the second secon	2619 84 , that (1) (X) last
1		26 084 ond that in (my) (oux opinial	n deoth occurred an the date and	haur and from the couses stated
П	THY SIGNASUM GOOD TO B			220 DAJE SIGNED
1	Hille Were tel			8/26/87
1	THE PHYSICIAN'S NAME (THE OF HIN)	22e ADDRESS	TIPCH HOSPITAL	
	WALKER IMPAGLIATELLI	100 NOPTH		
73	To BURIAL, CREMATION, REMOVAL 235 DATE			COUNTY / STATE
5	Tyriel 8-31-89		100/10	Ma.
25				GISTRAP'S SIGNATURE
1	JAS. A. MORTON LJONS	1701 LAGRENS	111-214 TURA	The same of the sa

DHMH - 16 50M 4/83 (VRA 15, 4)

O FUNERAL DIRECTOR.

The service of the service of PANG MAL CUSS A. A CONTRACTOR OF THE PARK BALTO Church Home Hophins Clarke & Bower Mich. Baurs Turders X Hospitars Political Lames Thomas . Hallis Thomas No. A relia of patterny welley the Soller A. Pal AND THE RESIDENCE OF THE PROPERTY OF THE PARTY OR

STATE OF MARYLAND

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

ulia Davidson

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

- STATE REGISTRAR REG. NO 20 DATE OF DEATH MIDDLE MONTH 26. HOUR DECEASED NAME LIVER OR BRINTS JOHN 08 1.35 P IF UNDER 1 YEAR IF UNDER 24 HRS 3. SEX 4 RACE 5. DATE OF BIRTH A. AGE (IN YEARS LAST BIRTHDAY) MONTH DAY YEAR 75 09 08 9. BALTIMORE CITY OR COUNTY OF DEATH 74. BIRTHPLACE ISTATE OF FOREIGN 76. CITIZEN OF WHAT COUNTRY? MARRIED THEVER MARRIED COUNTRY 5 DIVORCED WIDOWED 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12h KIND OF BUSINESS OR IS CITY OF TOWN OF DEATH (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY BALTI MORE SAMITARIAN 1000 FLOOR USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. STATE 136 COUNTY 13c. CITY OR TOWN 113d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 7715 DANIELS CITY RALII. YES P NOF 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE BIRST MIDDLE 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT ADDRESS 166 SOCIAL SECURITY NO. (YES, NO OR UNKNOWN) I LIE YES GIVE WAR OR DATEST 213-11-4449 LNKNOWN APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) CONSEQUENCE nowa Conditions, if ony, which gove rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION mensione 206. IF YES, WERE FINDINGS USED 200 AUTOPSY 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NO YES NO F 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21t. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED 211 LOCATION 210 PLACE OF INJURY CITY OF TOWN COUNTY STATE STREET (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK 220.1 certify that (I) (this haspital) attended the deceased from sow the deceased alive on_ and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after depth 22b. SIGNATURE DEGREE 18 ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22ª ADDRESS -Cloub HOSP SIDDINGE HAHIDA 8AMITA RAN 23d LOCATION 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY CITY OF TOWN COUNTY & SPECIFY!

ADDRESS

HARFORD

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DHMH - 16 50M 4/82

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(VRA 15, 4)

STATE OF MARYLAND FOR - STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	REG. NO.				
	26. DATE OF DEATH MONTH	DAY	YEAR	26 HOU	0
	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDE	RIVEAR	IF UNDER	24 HR5
20	GY YRS	MONTHS	DAYS	HOURS	MIN.
	9 BALTIMORE CITY OR COUNT	Y OF DE	ATH		

4. RACE 5. DATE OF BIRTH 3 SEX White Female

HILDA

REGISTRAR DECEASED NAME TYPE OR PRINTS

England

Samuel

CERTIFICATION

MEDICAL

To. BIRTHPLACE | STATE OF FOREIGN

O CITY OR TOWN OF DEATH

February 5. Th CITIZEN OF WHAT COUNTRY? England

(IF NOT IN SUCH EACILITY, GIVE STREET ADDRESS)

MARRIED NEVER MARRIED WIDOWED DIVORCED

BALTIMORE

12e USUAL OCCUPATION 126 KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Resturant Waitress

UNION MEMORIAL HOSPITAL BALTIMORE USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
130. STATE 136 COUNTY 138 CITY OR TOWN 13c CITY OR TOWN Maryland

Baltimore

13d INSIDE CITY LIMITS? YES X

3619 Falls Road 21211

4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST Mary Jane Mc Gouch

AL SOCIAL SECURITY NO

HONE Y

NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

ADDRESS 17 INFORMANT Brockville

100-36-8604 Aurea Widzinski 40 Wall St. Ontario Canada APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for 101, (b), and ic PART I. DEATH WAS CAUSED BY: Cancer & Pheumonie IMMEDIATE CAUSE (a)

DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the

Jones

16g. WAS DECEASED EVER IN U.S. ARMED FORCES?

underlying cause last

190 DATE OF OPERATION

DUE TO, OR AS A CONSEQUENCE OF

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

	0	Ø					
OR CONT	DENT WAS UNDERLYING TRIBUTING CAUSE OF DEATH R NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH P.M.	DAY	YEAR	21		
					10.0		

NO E HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2)

20a AUTOPSY?

21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME STREET FACTORY OFFICE FARM ETC.) NOT WHILE

211 LOCATION

COUNTY CITY OR TOWN

ष्ठप

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

22a I certify that (1) (this haspital) attended the deceased fipm. alle

ATTENDING

STAFF MEDICAL PHYSICIAN DIRECTOR PHYSICIAN

and that in (my) (aur) apinion death accurred on the date and have and from the causes stated

GILLIBY

201 & Universely

DEGREE

81515

230. BURIAL, CREMATION, REMOVAL Cremation

226 SIGNATURE

8-14-84

23c. NAME OF CEMETERY OR CREMATORY Westview Crematory

77e ADDRESS

23d LOCATION CITY OR TOWN

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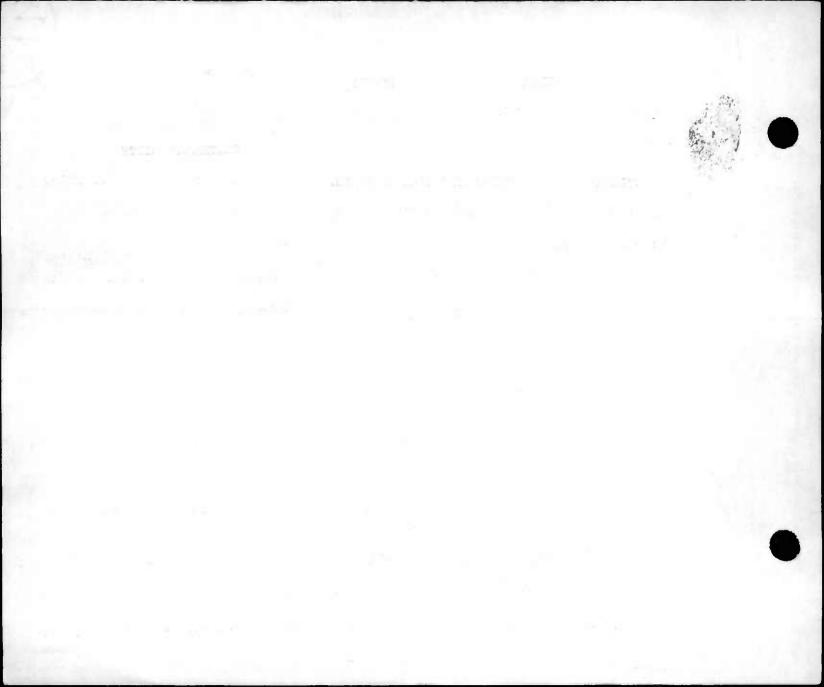
Catonsville, Balto Co.

24 FUNERAL DIRECTOR

Burgee Funeral Home, Baltimorae Maryland

DHMH - 16 50M 4/83 (VRA 15, 4)

ORTANT



TO FUNERAL DIRECTOR: After this certificate has been signed by the should be detacked for use as the burial-transit permit. Then please remains with the State Dept. of Health and Mental Hygiene prior to burial, cremonium TO HOSPITAL OR ATTENDING PHYSICIAN: The retained by the hospital or attending physician.

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Mildred A. Hood 3. SEX Female White Sept 18, 1914 76. CITIZEN OF WHAT COUNTRY? MARRIED Augus Au	BIRTHDAY) BUNDER LYEAR OF UNDER 24 HRS. MONTHS DAYS HOURS MIN. YRS. YRS.			
MILdred A. Hood 3. SEX Female White Sept 18, 1914 76. CITIZEN OF WHAT COUNTRY? MARRIED WARRIED WARRIED SALTIMORE CITY MARRIED WARRIED SALTIMORE CITY MARRIED WARRIED SALTIMORE CITY	BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 MRS MONTHS DATS HOURS MIN. YRS. OR COUNTY OF DEATH			
Female White Sept 18, 1914 69 76. BIRTHPLACE (STATE OR FOREIGN COUNTRY)? MARRIED WARRIED WARRIED (STATE OR FOREIGN COUNTRY)? MARRIED WARRIED (STATE OR FOREIGN COUNTRY)?	YRS. MONTHS DATS HOURS MIN.			
F'emale White Sept 18, 1914 69 76. BIRTHPLACE (STATE ORFOREIGN COUNTY)? MARRIED WHAT COUNTRY? MARRIED WEVER MARRIED (STATE ORFOREIGN COUNTY)? MARRIED WEVER MARRIED (STATE ORFOREIGN COUNTY)	YRS, OR COUNTY OF DEATH			
COUNTRY) MARRIED A NEVER MARRIED				
Mildred A. Hood J SEX Female J SEX Female J SEX White Spot 18, 1914 AGE INSTANSIAL METHOD TO SEATH SOUTH TO SEATH SEATH TO SEATH SOUTH T				
	more city, MD.			
(IENOTIN SUCH FACILITY_GIVE STREET ADDRESS) (TYPE OF WORK FOR MOS	ST OF WORKING LIFE) INDUSTRY			
136 STATE 136 COUNTY 136 CITY OR TOWN 138 INSIDE CITY LIMITS? 138 STREET ADDRES	den Avenue 21211			
	TZAJ			
THE THAT DECENSED ETER IT U.S. ANTHED TORCES THE SOCIAL SECONTITUO. IT INTO MINARE	DRESS			
No - 216-38-3107 Mr Luther L Hood-3631	Malden Avenue 21211			
18 CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (c)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
PART I. DEATH WAS CAUSED BY	areinen			
DUE TO OR AS A CONSEQUENCE OF				
	LIGHTS OF CALLS			
	ONDITION GIVEN IN PART 110			
3 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?			
YES NO				
216 TIME OF INJURY 116 HOW INJURY OCCURRED (ENTER NATURE OF IT	NJURY IN ITEM 18 PART T OR PART 2)			
OK CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19				
21d INJURY OCCURRED 21e PLACE OF INJURY 211. LOCATION STREET CITY OF	TOWN COUNTY STATE			
- WALL NOT WRITE	1			
22a I certify that (I) (this hospital) attended the deceased from	32 , 19 , that (I) (we) tost			
sow the deceased alive on the obove (I) (we) (did) (aid not view the body after death.	date and hour and from the causes stated			
22b. SIGNATURE DEGREE	22c DATE STONED			
Davis M. Hahn Scol Lock Ren	a Blue			
	COUNTY STATE			
Burial 9/4/84 Lake View Mem Park	Carroll Co, Md.			
	AR 25b. REGISTRAR'S SIGNATURE			
A. Alan Seitz Funeral Home 3818 Roland Ave SEP 04 00 4	ha Davidna Bodate.			

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

MAPORTANT: If Hem 21 is marked or Hems 8 shows any injury, or ather traumatic

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mpletely filled in by the funeral director, page 3 and 2 should be filed within 72 hours after death

injury, or other troumotic event, the

IMPORTANT: If them 21 is marked or Item 18 shows any

STAT	E	OF	MAR	YLA	ND		

1.	FOR STATE				EALTH AND MENTAL HYG	IEND 4	6:an		
Ľ	REGISTRAR				ICATE OF DEATH	REG. N			
	CEASED NAME FIRST		MIDDLE	L.	AST	20 DATE OF DEATH	MONTH DA	AY YEAR	26 HOUR
(1172	VIVIAN	6.		HOF	TON	C	18 86	84	0800 M
3 SEX	X	4. RACE	5.	DATE C	F BIRTH YEAR	6 AGE (IN YEARS LAST BIR	(THDAY)	ONTHS DAYS	IF UNDER 24 HRS
7-	-emale	BLA	ter !	0	1 18 45	3'	YRS.		
	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	AARRIFI	NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY	DEDEATH	
	USA UA	U	10	IDOWE		Bulling	n a	13	MD
10. CI	ITY OR JOWN OF DEATH		HOSPITAL, NURSING F		OR OTHER INSTITUTION	120. USUAL OCCUPAT (TYPE OF WORK FOR MOST O			OF BUSINESS OR
	BALTIMON	LUNIU	OF MARY O	AN	D ADSATAL	COOK		RUST	94RAN7
	AL RESIDENCE (IF NURSING HOME STATE 136 CC	OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE ADA	AISSION)	13d. INSIDE CITY-LIMITS?	13e. STREET ADDRESS			
	me		BAUTIMO	ns	YES NO	1900 HARU	em Au	5 2	21217
14. FA	ATHER'S NAME	WIDDIE	LAST		15 MOTHER'S MAIDEN NAM	ME		LA	ST
	enpone		204N30N	U	MARY		5	AUND	6x5
	WAS DECEASED EVER IN U.S.	ARMED FORCES?	166 SOCIAL SECURITY	Y NO.	17. INFORMANT	ADDR	ESS	11000	
	NE NO UN	GIVE WAR OR DATES)	218-42-	188	Reynold S.	Horton 1	1900 H		
	18 CAUSE OF DEATH (Enter	only one couse per						BETWEEN	MATE INTERVAL
112	PART I. DEATH WAS CAL	JSED BY:	INTRACERG	331	LAC HOMORI	2 HAGE		8	days
		DUE TO O	R AS A CONSEQUENC	F OF				THE RES	
	Canditions, if any, which	(b)							
	gave rise to immediate cause (a), stating the	DUETO	R AS A CONSEQUENC	E OF					
	underlying couse last.	(5)	M AS A CONSCOUNT						
	PART 2 OTHER SIGNIFICAN	T CONDITIONS C	ONTRIBUTING TO DEA	TH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVE	N IN PART 1	la.
NO.									
1	19a DATE OF OPERATION	19b. COND	ITION FOR WHICH OP	ERATIO	N WAS PERFORMED	20a AUTOPSY?		WERE FINDS	INGS USED S OF DEATH?
CERTIFICATION						YES NO	YES	_	NO [
T E	210. ACCIDENT WAS UNDERLYING			YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	JRY IN ITEM 18 PA	RT I OR PART 2)	
¥	OR CONTRIBUTING CAUSE OF	DEATH	.M. MONTH DAY	19 19					
MEDICAL	21d. INJURY OCCURRED	21e. PLACE	OF INJURY		21f. LOCATION	CITY OR TO	OWN	COUNTY	STATE
2	WHILE NOT WHILE AT WORK	(AT HOME, ST	REET, FACTORY, OFFICE, FARM	.ETC)	SINCE				
	22a.1 certify that (1) (this ha	aspital) attended t	to decoded from	y bu	7 20 1 19 89	to AUGUST	28,1	984	, the (we) lost
	saw the deceased alive abave, (1) (we) (did) (did	on AUGUST	19 87	, aı	nd that in (my) (aur) apinion (death occurred on the o	late and hour	and from the	e couses stated
	22b. SIGNATURE	nat view the body	differ death.		DEGREE			22c. DATE	ESIGNED
	OX.	17. 6	will	-	ATTENDING PHYSICIAN	MEDICAL STA	AFF ICIAN D	1081	28/81
1	THE PHYSICIAN'S NAME IN	PE OF WHILE	- ceng		22a. ADDRESS			1	-
	LEE N	SCH	MIDT		22 S. GREEN	8 ST. BALT	. mcl	21200	ı
	BURIAL, CREMATION, REMOV			AE OF C	EMETERY OR CREMATORY	23d. LOCATION		COUNTY	STATE
	BURIAL	8/3	1/84 Gar	ris	on Forest V	A Owings	Mills		Md.

DHMH - 16 50M 4/82 (VRA 15, 4)

Wm C March F/H Inc. 1101 E North Avenue

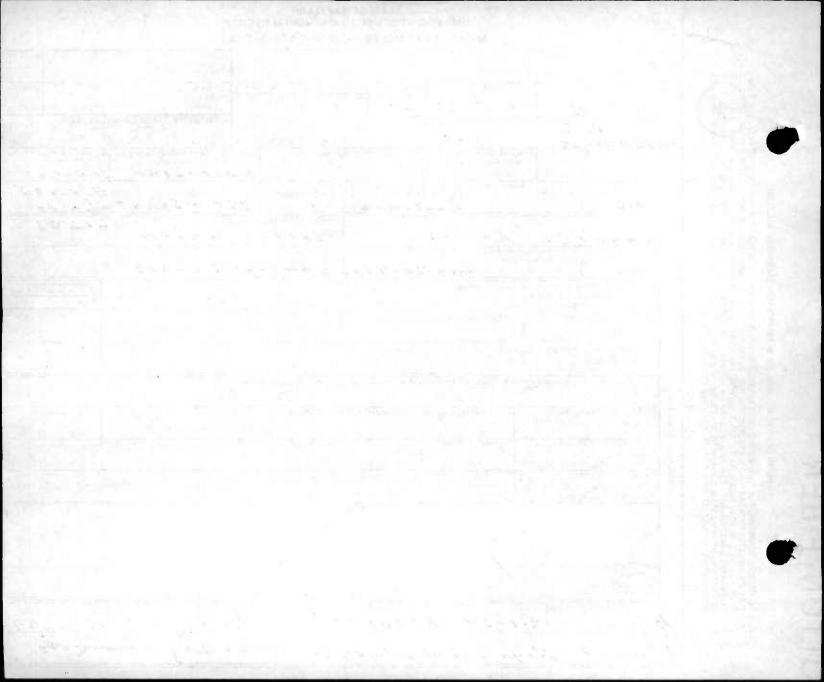
Garrison Forest VA Owings Mills 250. DATERS TO BY BE CHE BAN 256. REGISTRAS SAGNATURANDOLL

Md.

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(VR A15 ME (5)) 20M 4/82

STATE OF MARYLAND



requires that the death certificate be executed within 24 hours after, death.

and campletely filled in by the

	1.	FOR STATE REGISTRAR	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. N	2 1 4	4 0		
		CEASED NAME FIRST	MIDDLE	II - A C C	20. DATE OF DEATH	-	AR 26 HOUR		
	3 SE		ILDEN	HOWARD	4.65		M		
1		MACE	1. RACE WHITE	S. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIR	YRS.	DAYS HOURS MIN.		
12		IRTHPLACE CR CONTRY OWA	7b. CITIZEN OF WHAT COUNTRY? U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY O		H MD.		
Pliced	B	ACTIMORE	GOD SAM	ARITAN HOSP	120 USUAL OCCUPATI	F WORKING LIFE) INDUS	DOF BUSINESS OR		
906	13a.	ARYLAND 136. COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFORE STY 130. CITY OR TOW BALTIA	NORE YES NO 1	130 STREET ADDRESS	40 5 ST	REEN		
()(Soming		George Woo		Fannii	WIDDIE	Schne	eider		
e medico		WAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV	F 144 10 00 D . FFF.	17. INFORMANT 1274 Mes. Anne F.	ADDRE Howard 830		21211		
injury, or ather traumatic event, the		PART I. DEATH WAS CAUSE IMMEDIAT Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause lost	DUE TO, OR AS A CONSEQUE	-respiratory avr	Embolis	221	proximate interval veen onset and death		
	NOIL	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/0							
shows any	CERTIFICATION	194. DATE OF OPERATION	1%. CONDITION FOR WHICH	OPERATION WAS PERFORMED	YES NO	20b. IF YES, WERE FI IN CERTIFYING CAL YES			
Nem 18 s	MEDICAL CE	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH DA	YEAR 19	RED (ENTER NATURE OF INJUR	RY IN ITEM 18 PÄRT 1 OR PAR	T 2)		
is marked or Nem 18	WED	WHILE NOT WHILE AT WORK	210. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	ARM, ETC.)	CITY OR TO	wn count	Y STATE		
5		sow the deceased alive on	tol) attended the deceased from	, and that in (my) (our) opinion	to, to	1	the couses stated		
Zī. # hem		226 SIGNATURE Vilend	boll		MEDICAL STAF		30/84		
WPORTANT: IF		224. PHÝSICIAN'S NAME (TYPE O		COOD SANA	PUTAN HUS	PTAL			

23c. NAME OF CEMETERY OR CREMATORY

Druid Ridge

DHMH - 16 50M 4/82

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the offending physician and c should be detached for use as the burial-transit permit. Then please remove carboin pope with the State Dept. of Health and Mental Hygiene prior ta burial, crematian, or remaval.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law retained by the hospital or attending physicion.

> 14 FUNERAL DIRECTOR
> NAME
> Mitchell-Wiedefeld Home 6500 York Road 21212 (VRA 15, 4)

236. DATE 9-3-84

230. BURIAL, CREMATION, REMOVAL (SPECIFY)
Burial

23d LOCATION
CITY OF TOWN
PikesvilleBaltimoreMaryland SEP 4 1984

ISBOREGISTRAR'S SIGNATURE
Juna Dandson-Randson

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		ems #1 9/17/84 FORMTD	per Phone		AENT OF HE	ALTH AND MENTAL HYGI	iene 4 6	2 1	141
1		REGISTRAR				CATE OF DEATH	REG. NO		<i>-</i>
7.4		CEASED NAME FIRST Clara	MID e	DLE	Ho	suell	20. DATE OF DEATH	8 - 31	1984 6 PM
ector po	3. SE	Female	1. RACE Whit		5. DATE OF	BIRTH DAY 12 - 22	6 AGE TIN YEARS LAST BIRT	MON	INDER I YEAR IF UNDER 24 HRS
1		RTHPLACE (STATE OR FOREIGN US A	76 CITIZEN OF WI		8. MARRIED WIDOWED	NEVER MARRIED D	Baltimore city of		DEATH
s ofter by the fill lied with	10 C	B 21+.		ACILITY, GIVE STREET		OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF		12b. KIND OF BUSINESS OR INDUSTRY
filled in I	USU/ 13a. S	AL RESIDENCE (# NURSING HOME OF TATE 136 COUL	ROTHER INSTITUTION, GI		N I		130.STREET ADDRESS /		99999
ompletely and 2 st	14 FA	THER'S NAME Un known	WIDDLE	LAST		15. MOTHER'S MAIDEN NAM			LAST
oe execut on ond co		VAS DECEASED EVER IN U.S. AF (ES, NO ORUNKNOWN) (IF YES, GF WNKWOWN	VE WAR OR OATES	SOCIAL SECU		Nancy Clark	ADDRE		Balt Md
g physicic ionpopers removal.		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE IMMEDIA		approximate interval BETWEEN ONSET AND DEATH I'm med i ate					
deoth control of the		Conditions, if ony, which gove rise to immediate	DUE TO, OR A	us a conseque	a J	to Renal Fa	alure		8 manths
that the d by the lease remind, cremor or other than		couse (a), stating the underlying couse last	DUE TO, OR A	AS A CONSEQUE		Ureteral Ob	struction		10months
equires n signe Then p to bur	NO	PART 2 OTHER SIGNIFICANT	conditions con	Cancer	1	OT RELATED TO THE TERMI	NAL DISEASE OR COND	OITION GIVEN	IN PART 1ra
he low roon. hos been the prior ows only	CERTIFICATION	19a DATE OF OPERATION	K CONDITION	- 11		WAS PERFORMED	200 AUTOPSY?	20b. IF YES, W IN CERTIFYIN YES	G CAUSES OF DEATH?
SICIAN. The ag physicio certificate huiol-tronsit periol Hygies them 18 shown		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M.		Y YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I	OR PART 2)
DING PHYS or offending After this c is as the bur olth and Me	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF	INJURY 1, FACTORY, OFFICE, FA	ARM, ETC)	211 LOCATION STREET	CITY OR TOV	ΥN	COUNTY STATE
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ral OR A y the hos ta DIREC cocked to Dept		226. SIGNATURE	3	1) m			MEDICAL STAF		220. DATE SIGNED 8-31-84
O HOSPITAL efoined by the CC Fusies A strong to the control of the	1	Paul Bu	(Zal Jr	20		Univer Md	Hospital		
		URIAL, CREMATION, REMOVAL	236. DATE			METERY OR CREMATORY	23d LOCATION CITY OR TOWN		DUNTY STATE
BP	24 E1	BUK IAL JNERAL DIRECTOR	19/8/			W MEM, PAN			100 P. 100
DHMH - 16 50M 4/83 (VRA 15, 4)	1	SEDIH L. CAMA?		FRIEND		mo zirky	R6 D. BY 1984 RAP	ANOT KNOW	Sixtore

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should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

TO FUNERAL DIRECTOR: After this certificate has been

OR ATTENDING PHYSICIAN The

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retained by the

BP

HOSPITAL

injury, ar other troumatic

MPORTANT: If Item 21 is marked as Item 18 shaws

CERTIFICAT

MEDICAL

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

26 HOUR

IF UNDER 24 HRS

MD.

- STATE REGISTRAR			CERTIFICATE OF DEATH	REG. NO.
DECEASED NAME TYPE OR PRINT)	CHARL	ES Frederick	HUBER	26. DATE OF DEATH MONTH DAY YEAR 08 14 84
SEX	Male	White	5. DATE OF BIRTH MONTH DAY YEAR 03 07 US	6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYFAR MONTHS DAYS
BIRTHPLACE (STA	NE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OF COUNTY OF DEATH
BALTER		11. NAME OF HOSPITAL, NURSIN (# NOT IN SUCH FACILITY, GIVE STREET)		120 USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING LIFE) Retired Coca

	BALTIMORE	11. NAME OF HOSPITAL, NURSING H (# NOT IN SUCH FACILITY, GIVE STREET ADDR SINAL HOSPIT	ESS)	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING) Retired	12b. KIND OF BUSINESS OR INDUSTRY Coca Cola Co.
	USUAL RESIDENCE (# NURSING HOME OR 136, STATE 136, COUN		13d. INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS / ZIP COL 5313 Ethelbert	
	14. FATHER'S NAME FIRST John J.	Huber LAST	15 MOTHER'S MAIDEN N.	ry A. Warmuth	LAST
	16a WAS DECEASED EVER IN U.S. AR/ (YES, NO OR UNKNOWN) (# YES, GIV) Yes	E WAR OR DATES)		timore, ADDRESS MD uber 5313 Ethell	
	PART I. DEATH WAS CAUSED	E CAUSE (o) CAVE	inc Arrest		APPROXIMATE INTERVAL BETWEEN ONSELAND DEATH
	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUENCE (b) DUE TO, OR AS A CONSEQUENCE (c)			
ı	7	CONDITIONS CONTRIBUTING TO DEA			IVEN IN PART 110

196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AU OPSY? 19n DATE OF OPERATION 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES 🗌 NO [21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH P.M 21f. LOCATION 21d INJURY OCCURRED 21e. PLACE OF INJURY CITY OF TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM ETG.) NOT WHILE AT WORK

84 this hospital attended the deceased from 22a. I certify that (I and that in (my) our opinion death occurred on the date and hour and from the causes stated ody ofter death DEGREE 22c. DATE SIGNED

ATTENDING

22e. ADDRESS

HSPITAL, BALTIMORE, MD

MEDICAL STAFF
DIRECTOR PHYSICIAN

SETH WEBER 23b. DATE 23e. BURIAL, CREMATION, REMOVAL 23¢ NAME OF CEMETERY OR CREMATORY Burial WoodTawn Baltimore Lorraine Park Cem. MD 8/17/84

24 FUNERAL DIRECTOR Loring Byers Funeral Directors, Randallstown, MD 21133 Inc 256 DATE REC'D. BY AUG 1 7 8728 Liberty Rd.

DHMH - 16 50M 4/83 (VRA 15, 4)

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STATE OF MARYLAND

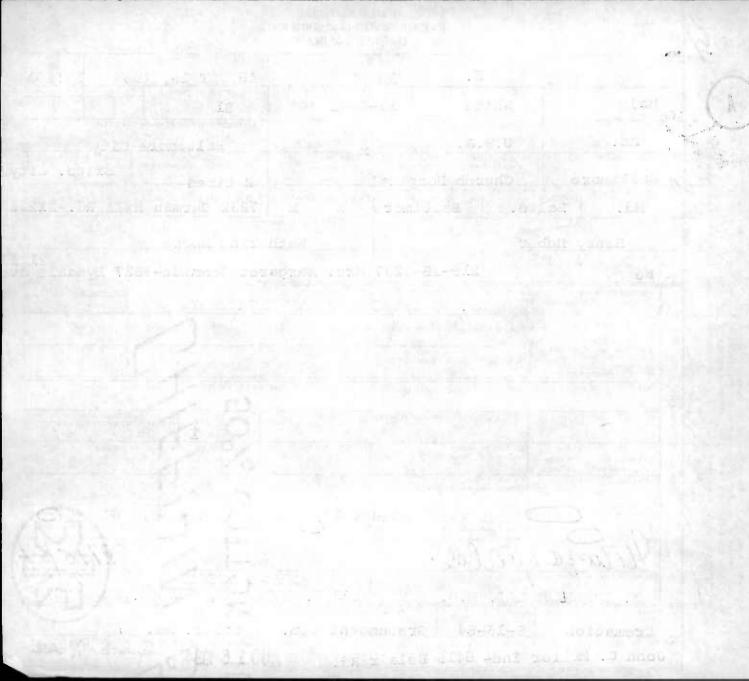
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S. DATE OF BETH S. DATE OF				H.	HIIB	RER	AUGUST	15.	1984	10:10A
The Birthplace The City Notice The City No									IF UNDER LYEA	R IF UNDER 24 HRS
The BITHPLACE (SLEEP OF WHAT COUNTRY) WARRED NEVER MARRED Baltimore SHATTMORE CITY OF COUNTRY OF DEATH U.S. A. HE CITY OF LOWN OF DEATH II. NAME OF HOSPITAL NURSING HOME OF OTHER INSTITUTION Baltimore STATE OF OTHER SIGNAL SURSING HOME OF OTHER INSTITUTION IT WAS CHARGED NO CHARGE AND SHATT OF U.S. RESIDENCE OF SHATT OF U.S. RESIDENCE OF SHATT OF U.S. RESIDENCE OF SHATT OF U.S. RESIDENCE OF SHATT OF U.S. RESIDENCE OF SHATT OF U.S. RESIDENCE OF SHATT OF U.S. RESIDENCE OF SHATT OF U.S. RESIDENCE OF SHATT OF U.S. RESIDENCE OF SHATT OF U.S. RESIDENCE OF SHATT OF U.S. RESIDENCE OF SHATT OF U.S. RESIDENCE OF SHATT OF U.S. RESIDENCE OF U.S. RE	1		Whi	te	12	-8-02 YEAR	81	VDC		HOURS MIN.
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18 CAUSE OF DEATH :Enter only one couse per line lor tol., (b), and (c)	4		(IF YES, GIVE WAR OR DATES)	219-28-	3237	Mrs. Marga	ret Schmi	idt-	3827 L	yndale
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OR CONTRIBUTING CAUSE OF DEATH D.M. 19 19 19 19 19 19 19 1	9	al Ta								
270. I certify that (I) this hospital bittended the deceased from August 14. 19.84 to August 15, 19.84 that (I) (we) rast sow the decreased alone on August 15, 19.84 and that in (my Cour) opinion death occurred on the date and hour and from the causes stated of the course of the date and hour and from the causes stated of the course of the date and hour and from the causes stated of the course of the date and hour and from the causes stated of the course of the date and hour and from the causes stated of the course of the date and hour and from the causes stated of the course of the date and hour and from the causes stated of the course of the date and hour and from the causes stated of the course of the date and hour and from the causes stated of the course of the date and hour and from the causes stated of the date and hour	1		USE OF DEATH HOUR A	.M. MONTH DA		21c. HOW INJURY OCCUR	RED (ENTER NATURE OF IN)	URY IN ITEM I	18 PART I OR PART 2)	
DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR			D 21e PLACE	OF INJURY		211 LOCATION STREET	CITY OR T	OWN	COUNTY	STATE
Cremation 8-16-84 Greenmount Cem. Balto. Md.	+	22d. PHYSICIAN'S N.M.	Leg lia	Bell.		ATTENDING PHYSICIAN [MEDICAL STA	AFF ICIAN []	22c 9A1	15/84
Cremation 8-16-84 Greenmount Cem. Balto. Md.			MOVAL 236 DATE	23c. N	NAME OF C	EMETERY OR CREMATORY			COUNTY	STATE
24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAP 250 REGI		(0.000)	n 8-16	-84 G	reen	mount Cem.	Balto.	Md		
		24 FUNERAL DIRECTOR			-	25a. DAT	E REC'D. BY REGISTRA	R 25b REG	ISTRAP'S SIGN	ATUS and DO

John C. Miller Inc- 6415 Belair Rd.

DHMH - 16 50M 4/83 (VRA 15, 4)

the burial-transit permit. Then please remove corbandage and Mental Hygiene prior to burial, cremation, or removal

MPORTANT: If Item 21 is morked or Item



BAITIMORE, MARYLAND 21201 Dr Thomas Smyth Medical Examiner Released as Non-Med by OR ATTENDING PHYSICIAN

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the furshood be detached for use as the burnal-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filled within with the State Dept. at Health and Mental Hygiene prior to burnal, cremation, ar removal.

attending physician

injury, or other traumotic event, the medical

MPORTANT. If Item 21 is marked or Item 18 shows any

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENS CEDTIEIC ATE OF DEATH

	FOR STATE REGISTRAR		DEPART		EALTH AND ME		END 6-3	- A- 1	4	3 4		
	1. DECEASED NAME FIRST		WIDDIE	Ł	AST				DAY YEAR	2b. HOUR		
		orge	J.		1-1-1-		August 2	-	984	07:410		
ı	3 SEX	4 RACE		5. DATE C		YEAR	6 AGE (IN YEARS LAST BI	THDAY	MONTHS DATS	IF UNDER 24 HRS HOURS MIN.		
ı	Male	Whit	:e	Oct	20 1	913	70	YRS.				
d	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	MARRIE	NEVER MA	RRIED 🗆	9. BALTIMORE CITY O	R COUNTY	Y OF DEATH			
	Md.	U.S	.A	WIDOWE		RCED [Baltimo	re Ci		MD.		
2	10. CITY OR TOWN OF DEATH		HOSPITAL, NURSII		R OTHER INSTIT	NOITU	170 USUAL OCCUPAT		126 KIND C	CILY 8		
9	Baltimore	The J	ohns Ho	okin	s Hospi	tal	Sanitati			timore		
-	Md.	ME OR OTHER INSTITUTION COUNTY —	136. CITY OR TOV Balti	VN		0 🗆	13e.STREET ADDRESS 4115 A			21213		
1	14. FATHER'S NAME FIRST	WIDDIE	LAST		15 MOTHER'S M		iE MIDDLE		_ LA	SI _		
4	John		Hudgin	ıs	Len				Schm	idt		
Ī	160 WAS DECEASED EVER IN U.S	S. ARMED FORCES?	166 SOCIAL SEC		17. INFORMANT		ADDR					
	no		218-10-	6896	Anna	Huagi	ns (wire) sau	ne add			
1	18. CAUSE OF DEATH (Ent	er only one couse pe	r line for (a), (b), a	nd (c).)					BETWEEN	CIMATE INTERVAL ONSET AND DEATH		
ı		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) CARLINE MICES										
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ı	Conditions, if any, which						\rightarrow					
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	(IF EITHER NOTIFY MEDICAL EXA	LAT HOME S	OF INJURY TREET, FACTORY, OFFICE.	FARM, ETC)	21f LOCATION		CITY OR TO)WN	(OUNTY	STATE		
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	ations (falwe) (did) (d	id not) view the bod	y ofter death.		DECDEE			_		E SIGNED		
	6.m	· Von	h		ATT	ENDING YSICIAN	MEDICAL STA	FF CIAN []	8.2	18.84		
	A. Micha	el Ro	nkon)	27e ADDRESS	us			145	PiTUR		
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3331 Brehms Lane, Balto. Md. 21213

DHMH - 16 50M 4/83 (VRA 15, 4)

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ALTH AND MENTAL HYGIENE CATE OF DEATH

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REGISTRAR		CERTIF	ICATE OF DEATH	REG. N	0.			
1. DECEASED NAME FIRST	WIDDLE	L	AST .	20. DATE OF DEATH	MONTH DAY	YEAR	2b. HOUR	-
Perm	123	He	dson		8-16	-84	420	M
3. SEX	4. RACE	3. DATE C		6. AGE (IN YEARS LAST BIR	THDAY) IF U	INDER I YEAR	IF UNDER 24 HR	_
70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) MD	76. CITIZEN OF WHAT CO	MARRIEI WIDOWE	D NEVER MARRIED M	Baltimore city of Baltimo	R COUNTY OF			AD.
Baltimore	11. NAME OF HOSPITAL (IF NOT IN SUCH FACILITY, C) METCY HOS	GIVE STREET ADDRESS)	OR OTHER INSTITUTION	120. USUAL OCCUPAT		12b. KIND O INDUSTRY	F BUSINESS O	R
USUAL RESIDENCE (IF NURSING HOME 130. STATE MD		PRIOWN Trimore	13d. INSIDE CITY LIMITS? YES K NO [19 N. Ho.	liday	St.	21202	
George	MIDDLE Hud	lson	15. MOTHER'S MAIDEN N Dora	Anne		andfö	brd	
160 WAS DECEASED EVER IN U.S.		IAL SECURITY NO.	Mary Thi	gpen 1807		eral	St.	Ī
18 CAUSE OF DEATH (Enter PART I, DEATH WAS CAU			ar arry	thmia		APPROXI BETWEEN C	MATE INTERVAL DISET AND DEATH	
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICAN	DUE TO, OR AS A CO	hrosele ro		e Vascular		IN PART 10	2	_
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR			200 AUTOPSY?	206. IF YES, WIN CERTIFYIN			ij
OR CONTRIBUTING CAUSE OF I IF EITHER NOTIFY MEDICAL EXAMI	DEATH HOUR A.M. MON	19 Y	21c. HOW INJURY OCCU	JRRED (ENTER NATURE OF INJU		OR PART 2)	STATE	
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22d. PHYSICIAN'S NAME (TYP	1 Boyer		11/e/cy	Hospita	1 2	30.14	(117)
230. BURIAL, CREMATION, REMOV.	8/21/84		EMETERY OR CREMATOR	CITY OR TOWN	s Milí	OUNTY	STATE)

DHMH - 16 50M 4/82 (VRA 15, 4)

TO HOSPITAL OR ATTENDING PHYSICIAN: The low

MPORTANT: If Hem 21 is marked ar Hem 18 shows any injury, or ather traumatic event, th TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physics should be detached for use as the burial-transit permit. Then please remove carbon paper with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

> 24. FUNERAL DIRECTOR Wm. "C. March F/H 1101 E. North Aye.

AUG 20 1984 REGISTRARIZO REGISTRAR'S SIGNATURE

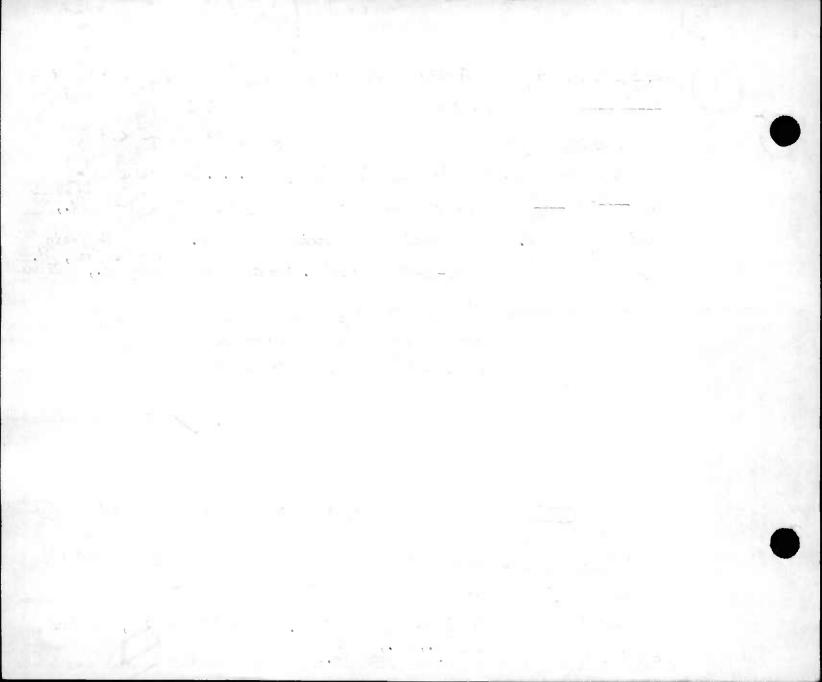
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYG

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m oy	E A	1	3. SEX	Femalel	4_ RACE	(.	5. DATE OF		EAR 6	AGE (IN YEAR	LAST BIRTHDAY)	IF UNDER IT		UNDER 24 HRS
ge 4	~	-		-	L	Shite	S		30		3 YRS			
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iệ.	2 st	100		THER'S NAME	WIDDIE	~ LAST		15. MOTHER'S MAIL	DEN NAM		NDDLE		LAST	
9	ond			Paul	J.	Stewar	t	Carrie	e		M	R	affe	enty.
ecut	Pages 1			(AS DECEASED EVER IN U	J.S. ARMED FORCES?	166 SOCIAL SECU	RITY NO.	17. INFORMANT	-		ADDRESS Set	venna	Parl	R, Md,
0	000	/	,,,	no		212-28-	<i>3838</i>	Paul J.	Stew	art 3	96 Mago:	-		21146
o e	ysicio			IB CAUSE OF DEATH (E	nter anly one cause pe	r line far (a), (b), and	d (c).I	0				BETV	PROXIMA VEEN ONS	TE INTERVAL
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thot	d by				(c)	Amaloi	ر ال	By Verb	<u></u>	Hx)				
ednires	Then p		NO	PART 2. OTHER SIGNIFIC	CANT CONDITIONS <u>C</u>	ONTRIBUTING TO E	DEATH BUT N	OT RELATED TO TH	HE TERMIN	NAL DISEASE C	r condition (SIVEN IN PAR	₹T lia	
3	prior		CERTIFICATION	190 DATE OF OPERATION	19b. CONE	DITION FOR WHICH	OPERATION	WAS PERFORMED		20a AUTOPS		YES, WERE FI TIFYING CAU		
The lon.	te hos	Q(_	RTIF								00	YES 🗌		NO 🗌
hysic	s certificate b buriol-tronsit Mental Hygie			210. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE		OF INJURY L.M. MONTH DA	AY YEAR	21c. HOW INJURY	OCCURRE	D (ENTER NATUR	E OF INJURY IN ITEM I	8 PART OR PAR	11 2)	
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STATE OF MARYLAND

	1-	STATE REGISTRAR	DE		ICATE OF DEATH	REG. NO).		
		CEASED NAME FIRST	B.	Hu	fham	20. DATE OF DEATH	8 25	84	26. HOUR P
	3. SEX	Female	RACE White	5. DATE C		6. AGE (IN YEARS LAST BIRTI	YRS.		IF UNDER 24 HRS. HOURS MIN.
1	(COUNTRY)	CITIZEN OF WHAT COU	MARRIE	D NEVER MARRIED	9 BALTIMORE CITY OF		HTASC	
1)0 сі Ва	ltimore /	U.S.A. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIV Mercy Hos	pital		Baltimore 12a. USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF HOUSEWIFE	ON 12 F WORKING LIFE) IN	Zb. KIND O NDUSTRY	MD. F BUSINESS OR
5	13a. S Ma		THER INSTITUTION, GIVE RESIDENCY	E BEFORE ADMISSION)	13d. INSIDE CITY LIMITS? YES NO 🔀	130. STREET ADDRESS	y 2	1222	
2	7		W. Fre	eman	Mary	J.		Pat	
2			WAR OR DATES!	L SECURITY NO. 46-1539	Mary H. Th	nacker	Same		3e
	NOIL	Conditions, if any, which gave rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT CO	DUE TO, OR AS A CON	IG TO DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR CONE	4-1		
9/	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR	WHICH OPERATIO	ON WAS PERFORMED	YES NO YES YES			
1	100000	718. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONT	TH DAY YEAR		CURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)			
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC }	211 LOCATION STREET	CITY OR TO	WN	COUNTY STATE	
		220.1 certify that (1) (this haspital saw the deceased alive an above, (1) (we) (did) (did not)			nd that in (my) (aur) apinion	to, to	ote and havr and		that (I) (we) last causes stated
		22b. SIGNATURE	FF CIAN []	22c. DATE	SIGNED				
		22d PHYSICIAN'S NAME (TYPEOR	Schwar	tz MD	270 ADDRESS				
	В	BURIAL, CREMATION, REMOVAL (SPECEY) Urial	23b. DATE 8/28/1984	Oak	cemetery or crematory Lawn	Baltimo	re		Marylan
		UNERAL DIRECTOR Duda-			21222 25a. DA	AUG 2. 8 108		F	TURE Randells

DHMH - 16 50M 4/B2

7922 Wise Avenue Dundalk, MD. 21222 (VRA 15, 4)

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Francos PLans	1 7 Venus				
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CLOR. After this certificate has been signed by the attending physicion for use as the burial-transit permit. Then please remove carban papers: Fad Health and Mental Hygiene prior to burial, cremation, or removal.

Item 18 shows any

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENT CERTIFICATE OF DEAT

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250 DATE REC'D. BY REGISTRAR 251 REGISTRAR SIGNATURE SAME

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REGISTRAR		CERTITI	CAILOI	PERIII	RE	G. NO.			
1. DECEASED NAME FIRST	WIDDLE	LA	151		20 DATE OF DEA	H MONTH	OAY	YEAR	26 HOUR
ANNIE	Τ.,	HU	GHES			8	3	34	3.40 PM
3. SEX	4 RACE	5. DATE O	F BIRTH		6 AGE (IN YEARS LA	ST BIRTHDAY)	MONTH:	DER TYEAR	IF UNDER 24 HRS
female	black	NOW H	20	1906	7	TR	S.		HOURS MIN
70 BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	? 8.	☐ NEVER	MARRIED -	9 BALTIMORE CI	TY OR COUN	ATY OF D	EATH	
Md	USA	WIDOWE		NORCED [BALTIM	ORE C	TTY		MI
CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI		R OTHER IN	TITUTION	120 USUAL OCCU	PATION	121	L KIND O	F BUSINESS OR
BALTIMORE	UNION MEMORIAL		TAL		, The or work tokin			DOSTAT	
USUAL RESIDENCE (IF NURSING HOME OF	ROTHER INSTITUTION, GIVE RESIDENCE BEFO	RE ADMISSION)		CITY LIMITS?	13gSTREET ADDR	SS / 7IP CC	ODE	212	18
Md	Baltimo		YES 🔀	NO 🗌	324 E.	Lorr	ãìn∈) Av	e
14 FATHER'S NAME	MIDDLE LAST		15 MOTHER	'S MAIDEN NA	ME	N.F.		LAS	
John	W. Murra	ay	Ha	ttie					rray
160 WAS DECEASED EVER IN U.S. AR		URITY NO.	17 INFORM	ANT	A	DDRESS			
(YES, NO OR UNKNOWN) (IF YES, GIV	218-14	-0284	Lill	ian Be	atty 324	E. L	orra	aine	Ave
18 CAUSE OF DEATH (Enter of	nly one cause per line for (a), (b), a	ind (ci.)		111	01			BETWEEN	MATE INTERVAL ONSET AND DEATH
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PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATE	D TO THE TERM	AINAL DISEASE OR	CONDITION	GIVEN IN	PART 1	a
190 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION	WAS PERF	ORMED	200 AUTOPSY?				NGS USED
190 DATE OF OPERATION . 210. ACCIDENT WAS UNDERLYING					YES NO	. /	YES	CAUSES	NO [
210. ACCIDENT WAS UNDERLYING		DAY V548	21c HOW !	NJURY OCCUR	RED (ENTER NATURE O	FINJURY IN ITEM	18 PART 1 C	OR PART 2)	
		DAY YEAR	i						
OR CONTRIBUTING C CAUSE OF DE (IF ETIMER NOTIFY MEDICAL EXAMINE 216 INJURY OCCURRED	21e PLACE OF INJURY		211 LOCAT		-	00.101.01		OUNTY	
AHILE NOT WHILE D	(AT HOME STREET FACTORY OFFICE	FARM ETC)	STRE	:1	CHA	OR TOWN		OUNTY	STATE
	nital) attended the deceased from	7	126	. 19 84	to	8/3	. 19_	84.	that (I) (we) los
sow the deceased alive or	19_	84. on	d that in (my	(our) opinion	death occurred on t	he date and	hour and	from the	causes stated
22b. SIGNATURE	Mew the character decim.		DEGREE				7	22c. DATE	SIGNED
1	mille			ATTENDING PHYSICIAN	MEDICAL DIRECTOR PH	STAFF TYSICIAN []		8-	3-84
22d. PHYSICIAN'S NAME (TYPE	DR PAINEY		22e ADDRE		1/100	prail	21	KW	y /
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230 BURIAL, CREMATION, REMOVAL	23b. DATE 23c	NAME OF CE	EMETERY OR	The State of the S	236 LOCATION	7.1)	<i>y</i>		-16
(SPECHY) Burial				al Par		ällst	own	INTY	Md

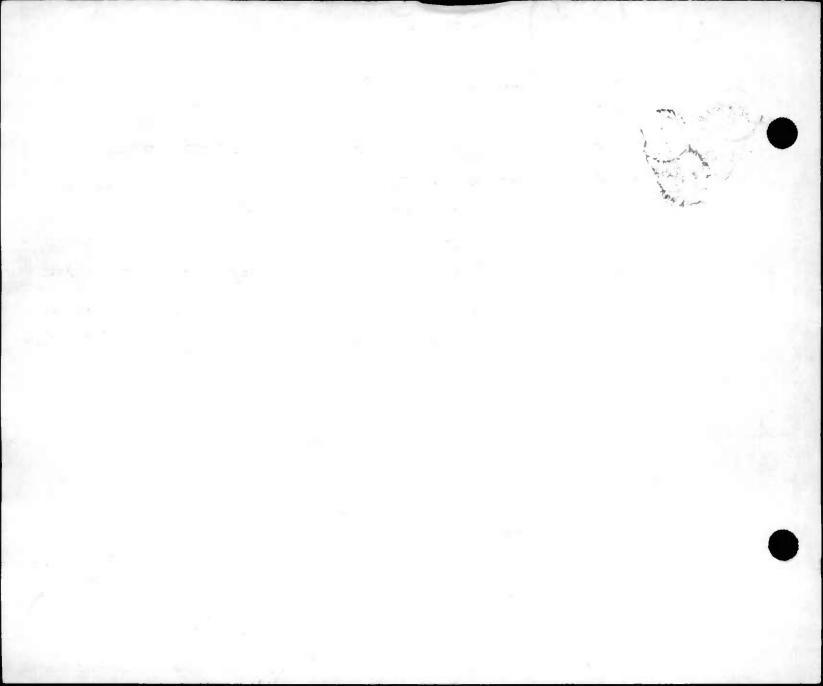
DHMH - 16 50M 4/83 (VRA 15, 4)

24 FUNERAL DIRECTOR

William C. March F/H 1101 E. North Ave

BP.

should be detached for use with the State Dept of Heal TO FUNERAL DIRECTOR



PER

RELEASED NON MED DR D. SMYTH TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death pertificate believed and by the hospital or otherwise physician.

etained by the hospital or attending physician

		FOR STATE 9/13/8/ REGISTRAR	n 16 a + rja			HEALTH AND MENTAL HYO FICATE OF DEATH	REG. NO.	2 1	-4	5
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pedic	3	YES, NO OR UNKNOWN)	YES, GIVE WAR OR DATE	5)						
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Moreland Mem

ADDRESS

Inc. 5305 Harford Rd

Baltimore Maryland

By REGISTRAR 251, REGISTRAR'S SIGNATURE

Q 1984 (in Davidson-Kandelle)

Baltimore

1984 9

Park 250 DATE REC'D.

AUG

BP. DHMH - 16 50M 4/B2 (VRA 15, 4)

Burial
24 FUNERAL DIRECTOR

Leonard J. Ruck,

Man-Robert Child State Office Co. ACTION THOUGHT. THE THE REPORT OF THE PROPERTY OF THE PARTY

STATE OF MARYLAND

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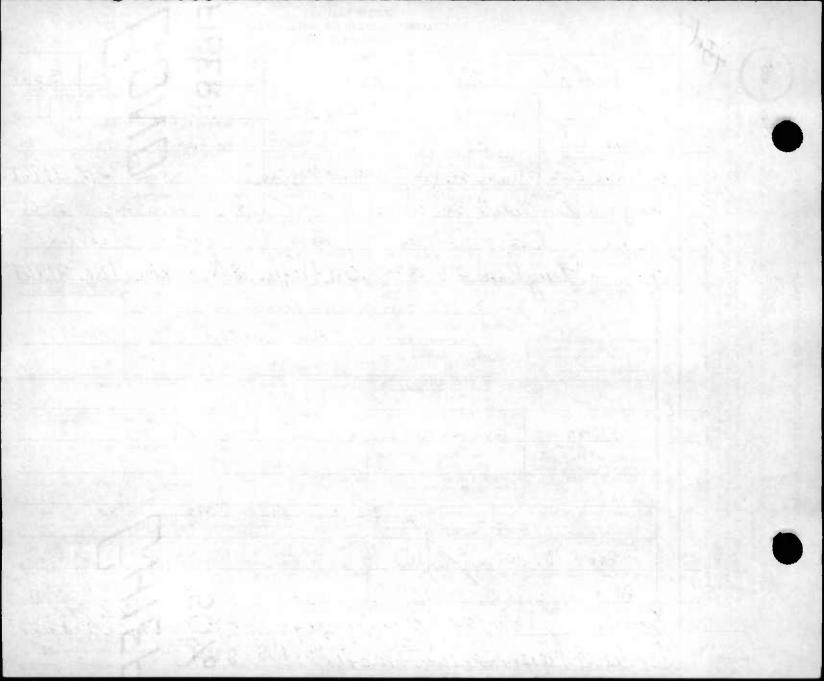
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SER 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BRINDAY) 12. UNDER 1 YFAR 16 UNDER 1 YOUNG 12. UNDER 1 YFAR 16
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PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110- 190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEAT YES NO YES NO PERFORMED 210. ACCIDENT WAS UNDERLYING 211. TIME OF NUMBY IN TIEM 18 PART TO R PART 2
1 8/6/84 Gangrenous Large colon YES NOD YES NO
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22a. I certify that (1) (this hospital) attended the deceased from \$1 . 19.54 to \$1.7 . 19.54, that (1) (v saw the deceased alive an \$1.7
above, (I) (we) (did) (did nat) view the body after death.
22b. SIGNATURE DEGREE 22c. DATE SIGNED
Brad D. Cruer (W. D. ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN STAFF
22d PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS
Brad D. Lerner M.D. University of Maryland Mospin
230 BURIAL, CREMATION, REMOVAL THE DIE DAME OF CEMETERY OR CREMATORY (1) 231 LOCATION CITY OR TOWN
Allegal 9/10/84 Meadowrellad Con 9735 Dhakehatar Hund a
FUNIFINAL DIRECTOR SOLD THE REC'D. BY REGISTRAR' 25 REGISTRAR'S SIGNATURE

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR, After this serificate has been signed by the attending physician and ca should be detached for use as the buriof-transit permit. Then please remove corban papers. Pages with the State Dept. of Mealth and Mental Hygiene prior to buriof, cremation, ar removal.

ATTENDING PHYSICIAN. The low requires that the death certificate be

etained by the hospital or attending physician



meral director, page 3	Mr 72 hours ofter death	
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the attending physician and	s remave carbanpapers. Pages	remation, ar remaval.
ite has been signed by	nsit permit. Then please	ygiene prior ta burial, cr
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should be detached for use with the State Dept of Heal etained by the haspital

CERTIFICATION

MEDICAL

FOR - STATE REGISTRAR

STATE OF MARTLAND	
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	6
CERTIFICATE OF DEATH	

	REG. N	40				
	20 DATE OF DEATH	8	6	84	26 HOL	P P
7	6 AGE IN YEARS LAST B	RTHDAY)	IF UND	ER TYEAR	IF UNDER	24 HR
	78		MONTH	DAYS	HOURS	AA II

1. DECEASED NAME	FIRST JC	OHN ^ "	ALBERT		RTMARK	JR.	20 DATE OF DEATH	MONTH	DAY	YEAR DALL	26 HOU	R
	OHN	H2-8	era	HUND	ERTMF	MRK, JR,	,	8	6 9	7	10.	P
3. SEX		4. RACE		5. DATE C	F BIRTH		6 AGE IN YEARS LAST BE	RTHDAY)	IF UNDER	_	IF UNDER	24 HRS
MALE		CAUCA	SIAN	MONTH	24	1925	58	YRS	MONTHS	DAYS	HOURS	AA IN.
7a BIRTHPLACE (STATE ORF	FOREIGN	76. CITIZEN OF V	WHAT COUNTRY?	8 MARRIEI	NEVER A	ARRIED -	9 BALTIMORE CITY			TH		
MARYLAND		U.S	.A	WIDOWE	D DI	ORCED [BALTIMOR	E CIT	Y			M
10 CITY OR TOWN OF DEA	ATH		OSPITAL, NURSIN H FACILITY, GIVE STREET		R OTHER INST	NOITUTI	120 USUAL OCCUPAT				BUSINE	SS O
BALTIMORE		ST	. AGNES I	HOSPIT	AL		POLICE OF	FICER	CI	CY O	F BA	LT
USUAL RESIDENCE (IF NURS	13b COUN		GIVE RESIDENCE BEFORE 13c. CITY OR TOW		13d. INSIDE C	ITY LIMITS?	13e.STREET ADDRESS	/ ZIP COD	E			
MARYLAND	-		BALTIMOR	RE	YES 🔀	NO [1916 GRIN	NALDS	AVE	NUE.	212	130
14 FATHER'S NAME		MIDDLE	LAST			MAIDEN NA	ME			LAST		
JOHN	Α,		NDER T MARI	K SR.		RIE			BAC	GNEL	L	
16a WAS DECEASED EVER (YES, NO OR UNKNOWN)		MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMA		ADDR				212	
YES	WW	J II	212-20-0	0161	CATHE	RINE C.	. HUNDERTMA	RK 19	16 GI	RINN	ALDS	A
18 CAUSE OF DEAT PART I. DEATH W	AS CAUSE		line for (a), (b), and		ry A.	22651			BE	APPROXIM TWEEN O	NATE INTER	VAL
C- tv v	1	DUE TO, OF	R AS A CONSEQUE	ENCE OF	Pans	MIE	Concinion	11		2 yz	MRS	

DUE TO OB AS A CONSCIUENCE OF	
Conditions, if any, which gove rise to immediate couse (a), stating the underlying cause last DUE TO, OR AS A CONSEQUENCE OF (b) METASTATIC PROSTATE CHICAGONA DUE TO, OR AS A CONSEQUENCE OF	2 YEARS

190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION	N WAS PERFORMED		206. IF YES, WERE FIND IN CERTIFYING CAUSE YES T	
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c HOW INJURY OCCURRED			
WHILE AT WORK	21e PLACE OF INJURY [AT HOME STREET FACTORY OFFICE FARM ETC.]	21f LOCATION STREET	CITY OR TOW	VN COUNTY	STATE
22 I wastifu that (I) (the harnital)	attended the deceased from 3 AVG	1004	- 6 AUG	1084	that the land

AT WORK					254	
22a I certify that (I) (his haspital)	attended the deceased from	3 AUG	. 1984 to	6 AUG	19 84 that (I)	(Polos
saw the deceased alive on above, (I did not) v	iew the body ofter death.		opinion death o	occurred on the date and l	have and from the causes s	tated
226 SIGNATURE		DEGREE			220 DATE SIGNED)

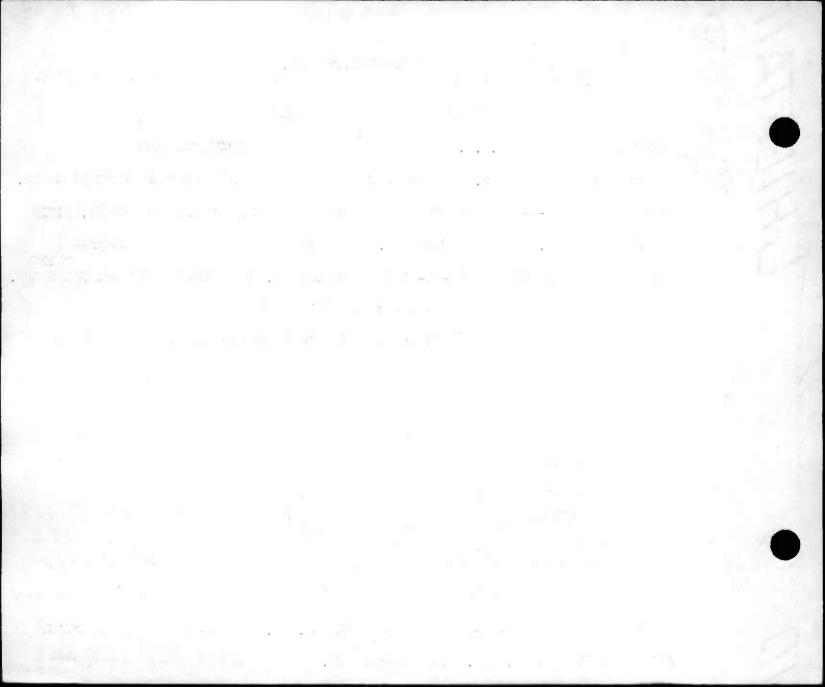
ı	226 SIGNATURE	DEGREE				22c DATE SIGNED
	Hondrew /asta-	MD		DICAL ST.	AFF ICIAN	8.6-84
	224 PHYSICIAN'S NAME (TYPE OF PRINT)	22e. ADD	RESS	0	0	

Haronen	Inota	900	CA50.	N Apre.	DALTIM	ONE MOZI
23a. BURIAL, CREMATION, REMOVAL	23b. DATE	23c NAME OF CEMETERY OR	CREMATORY	23d LOCATION	COUN	IIV STATE
BURIAL	08-10-84	MEADOWRIDGE M	IEM. PK.	ELKR IDGE	HOWARD	MARYLAND

DHMH - 16 50M 4/83 (VRA 15, 4)

PK. ELKRIDGE HOWARD MARYLAN I 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE AUG 8 1984 Julia Davidon-Rondon

PART FUNERAL DIRECTOR 21229
HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENES

33

1 4 5

- STATE REGISTRAR				CERTIF	ICATE OF DEATH	REG. NO	0.		
L DECEASED NAME	FIRST	,	MIDDLE	· L	AST	20 DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR
(TIPE OR PRINT)	FRANI	<	HIINT	sr		AUGUST 18	3. 19	84	9.20P
3. SEX		RACE		5. DATE C		6 AGE (IN YEARS LAST BIR		MONTHS DAY	
Male		White		Oct		57	YRS.	MONTHS: DAT	3 HOURS MIN.
To BIRTHPLACE (STATE OF	FOREIGN 76	CITIZEN OF	WHAT COUNTRY?	B	NEVER MARRIED	9 BALTIMORE CITY O	R COUNT	Y OF DEATH	
Kentucky		U.S.A		WIDOWE		Balti	more	City	, MI
Baltimor	1	(IF NOT IN SUC	HOSPITAL, NURSING HEACILITY, GIVE STREET HOSPI	ADDRESS]	OR OTHER INSTITUTION	120 USUAL OCCUPATE (TYPE OF WORK FOR MOST OF Landscap	on Fworking L eing	126 KIND INDUSTR Nu.	of Business of rsery
SUAL RESIDENCE (# NUI 130. STATE Maryland			COOKSVI	N	136 INSIDE CITY LIMITS? YES NO	13a STREET ADDRESS. 850 HOOD	zipcod S MI	il Rd	. 21723
James	MtD	DIE	Hunt		15 MOTHER'S MAIDEN NA ROST	MIDDLE		Hat	field
WAS DECEASED EVE (YES NO OR UNKNOWN) Yes	WWII		166 SOCIAL SECU 405-22-		Jean Hunt	850 Hoods Cooksvill	Mil e. M	d. 21	723 OXIMATE INTERVAL EN ONSET AND DEATH
Conditions, if on gove rise to in couse (a), stat underlying cous	nmediate ing the ie last.	(()	PULMONA R AS A CONSEQUE PROBABI	ENCE OF	YOCARDIAL		-		
	MINIFICANT COL	ETAST	ATIC	ING	CANCER	AINAL DISEASE OR CON	DIHON GI	VEN IN PAR	I(a
190 DATE OF OPER	ATION	19b COND			N WAS PERFORMED	200 AUTOPSY? YES NO	IN CERT	S, WERE FINI IFYING CAUS ES []	DINGS USED SES OF DEATH? NO
00 00 170 10 10 10	CAUSE OF DEATH		DE INJURY M. MONTH DA M.	YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18	PART OR PART ?	4
4 ST WORK AT WORK	VHILE ORK		REET, FACTORY, OFFICE, F		211 LOCATION STREET	CITY OR TO		COUNTY	STATE
220.1 certify that (saw the dece above, (1) (we)	l) (this hospital sed alive on (o(l) (did not) v	AHGH	ST 18 10 8	AUGUS 84	ST 11 , 19 84 and that in (my) (aXXpinian	, to _AUGUS' deoth occurred on the d		19 <u>84</u> ur and from t	_, that Xwe) los the couses stated
22b. SIGNATUR	n Wo	mi	us D	1		MEDICAL STA	IAN (22c. DA	SE SIGNED
22d PHYSICI	TAY'E NE'N KIN	TTCT			22e ADDRESS CHII	RCH HOSPIT	TAT.		

DHMH - 16 50M 4/B3 (VRA 15, 4)

TO FUNERAL DIRECTOR: Aftishauld be detached for use as with the State Dept. of Health

MPORTANT: If He

FLECK FUNERAL HOME, INC. 57601 Sandy Spring Rd. Laurel,

8/21/84

230 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

23c NAME OF CEMETERY OF CREMATORY Crest Lawn Cem.

MD.

23d LOCATION

Howard, Md".

21231

250 DATE RECID BY REGISTRAN AS REGISTRAN ESTENATURE AND 20707

100 NORTH BROADWAY

	1 -	FOR STATE REGISTRAR			DEPART	MENT OF H	E OF MARYL EALTH AND ICATE OF E	MENTAL HYG		2 REG. NO.	1 3.1	5	9
1		CEASED NAME FR			IDDLE		AST		2a. DATE OF DI			. 173	HOUR
		Joi	rn	Ko	bert	fl	unt		Hugi	ust 25	, 198	4	A
90.	3 SE	X	4. R/	ACE		5. DATE C			6 AGE IN YEAR	S LAST BIRTHDAY)	IF UNDER		UNDER 24 HRS
		Mule		White		Mar	ch 11	1936	48	,	rs.	DATS	JURS MIN.
35	M	RTHPLACE (STATE OR FOREIG COUNTRY) CINYLAIND	№ 7b . C	USA	VHAT COUNTRY?	MARRIE	MARRIED NEVER MARRIED DIVORCED		Baltimore City OR COUNT		ity	ty	
00		altimore	11.	(IF NOT IN SUCH	OSPITAL, NURSII LFACILITY, GIVE STREET COATER	ADDRESS)	OR OTHER INS	TITUTION	120 USUAL OC LIVPE OF WORK FO	R MOST OF WORK		IND OF B	USINESS OR
35			OME OR OTHE COUNTY	R INSTITUTION, (Balto.	e admission) /N	13d INSIDE C	ITY LIMITS?	130 STREET AD	DRESS / ZIP	Street	212	20
E	14. FA	THER'S NAME	WIDDI	LE	LAST		15 MOTHER"	S MAIDEN NA		AIDDLE		LAST	
00		John	f.		Hunt			rgaret			L	ong.	
	16a V	VAS DECEASED EVER IN U	S. ARMED	R OR DATES)	166 SOCIAL SEC		17. INFORMA		41	ADDRESS			
the medico	/	VO			215-30-7	7519	Patri	icia 11.	Hunt 17	120 Web			E INTERVAL ET AND DEATH
			he lst.	(c)	AS A GINSEOU	MOMMENCE OF	ic M	etinle	sés d		e	1 11	will
	NO	PART 2. OTHER SIGNIFIC	ANT CON	DITIONS <u>CO</u>	INTRIBUTING TO	DEATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE C	R CONDITIO	N GIVEN IN P	ART Ito	
2	CERTIFICATION	19a DATE OF OPERATION		196 CONDIT	ION FOR WHICH	OPERATIO	N WAS PERFO	DRMED	20a AUTOPS	10 2 20b	IF YES, WERE I	AUSES OF	
9		210. ACCIDENT WAS UNDERLY! OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICALE)	OF DEATH	21b. TIME OF HOUR A.A P.A	A. MONTH D	AY YEAR	21c HOW IN	IJURY OCCURI	RED (ENTER NATUR	E OF INJURY IN ITI	M IB PART I ORP.	ART 2)	
	MEDICAL	214 INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK		21e. PLACE C			211 LOCATION STREET			ITY OR TOWN	COU	4TY	STATE
4 i is iii e		220.1 certify that (1) (the saw the deceased of above, (1) (we) (did) (ive on	8-25	19_	84,0	nd that in (my)	(our) opinion	deoth occurred o	on the date on	d hour and fro		t (Ii (yee) lost ises stated
T Hem		22h. SIGNATURE	ix	oll	vd			ATTENDING PHYSICIAN &	MEDICAL DIRECTOR [STAFF PHYSICIAN [DATE SIC	SNED -54
1	· K	A. C. S	OL)				707 E	FORT	AUF,	Balt	in hist	21	1230
5	23a. f	SURIAL CREMATION REM	OVAL 123	3h DATE	230	NAME OF C	EMETERY OR	CREMATORY	23d LOCATE	NC			

BP. DHMH - 16 50M 4/83 (VRA 15, 4)

(SPECIFY)

23a. BURIAL, CREMATION, REMOVAL

Burial

24 FUNERAL DIRECTOR Weber & Sons Inc. 400 S. Chester St

8-29-84

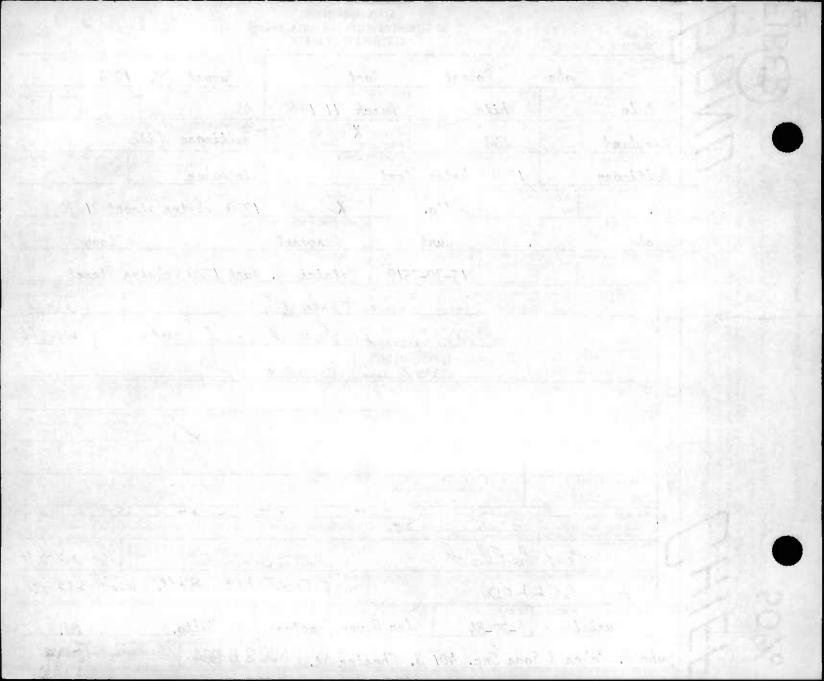
23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION Balto COUNTY STATE

Glen Haven Cemetery Balto.

S. Chester St. AUG 28 1984 Juna Davidson-Rendere



DHMH - 17

(VR A15 ME (5)) 20M 4/B2

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

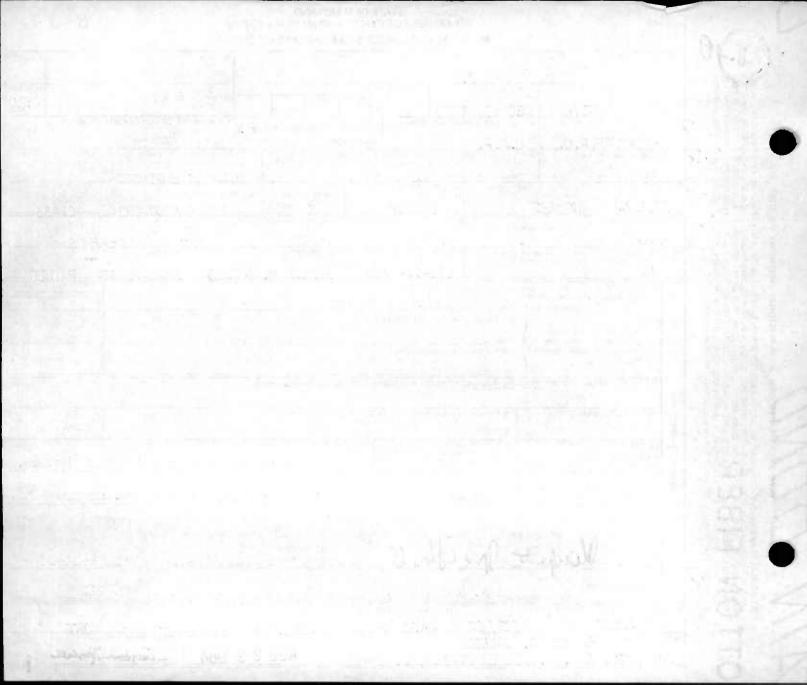
1-	FOR STATE REGISTRAR		٨	DEPARTM MEDICAL E			AND MENT	TE OF	2 - 3.	2 REG. N	NO.	16	0
	CEASED NAM	E FIRST		WIDDLE		LA	sť		2a. DATE	KNOWN		DAY YEA	IR 26 HOUR
(111)	E OR PRINT}	TIMO	YTHV	7		нп	RLEY		OF DEAT	ESTI- H MATED	□ 8	241984	1 .
I. SEX		4. RACE	5 DATE OF BIR		AGE (IN YEAR	RS IF UND	ER 1 YR. IF L	INDER 24			HTMOM	DAY YE	
A	ALE	WHITE	DEC 23	. 1958	25 YRS	· Morting	DAYS HO	URS MI	PRONOL DEA		8	24 1984	4:10
a. BI	RTHPLACE (S			WHAT COUNT			□ NEVER		T. SALTI	MORE CITY		Y OF DEATH	
	SHINGT	ON DC	II.S.A			WIDOWEL		MARKIED]		timoro	- City		
	TY OR TOWN		11. NAME OF	HOSPITAL, NURS	SING HOME,				. USUAL OCC		YPE OF WORK	12b. KIND OF	BUSINESS
	n 1 to 6 man		1	H FACILITY, GIVE STR		CELLY			FOR MOST OF W			OR INDU	STRY
USUA		(IF IN NURSING NOM	E OR OTHER INSTITUTION		EFORE ADMISSION		La AS		BUILDII		INEER		+ 111
	RYLAND	HOWA		13c. CITY C			YES V	MITS? 130	STREET ADD				
-	THER'S NAME		KU	<i>D</i> {	AYTON		5. MOTHER'S		1357	12 ARG	O DRI	IE 21	036
	JOSEPH		MIDDLE		AST	1"	FIRST	MAIDEITI		MIDDLE		LAST	
16n V		D EVER IN U.S. A	M.	HUR!	LEY AL SECURITY	NO II	MARY	T	<i>E</i>	ADDRES	Mc	MANUS	
(Y	NO, OR UNKNO		VE WAR OR DATES)										
_					-74-86.	36	JOSEPH	1 M.	HURLEY	SAMI	E AS 1	3 FA	THER
	PARTIDE	PEATH (Enter of EATH WAS CAUS	only one couse per ED BY:				_					BETWEEN OF	NSET AND DEATH
	01	MMEDI	ATE CAUSE (0)		ple in		S						
7	Condition	ns, if any, which		OR AS A CONS	SEQUENCE O)F						1	
	gave ri	se to immedio	te / (b)										
	lying cat) stating the <u>unde</u> use last.	DUE TO,	OR AS A CONS	EOUENCE O)F							
			(c)										
7	PART 2 DIHER SI	IGNIFICANT CONDITION	NS CONTRIBUTING TO DE	ATH RUT NOT RELATE	O TO THE TERMIN	NAL DISEASE O	R CONDITION GIV	EN IN PART 1	0.				
CERTIFICATION	10- DATE OF	OPERATION	In co.	NDITION FOR W	# US 1 OPEN	710111111	nene on the					In	
CA	IYO. DATE OF	OPERATION	196 CO	ADITION FOR W	HICH OPERA	ATION WAS	PERFORMEL)?				20 AUTOP	
RTIF	21 - FYYEDAL	AL CAUSE WAS	211 71441	OF INJURY		La mai						YES 🕽	ON X
I CE	UNDERLYING		HOUR	A.M. MONTH I					ENTER NATURE OF				
MEDICAL	CONTRIBUTI	NG 🗌 CAUSE O		CE OF INJURY		Driv 21f. LOCA		pick-	up tru	ck/fix	ed ob	ject in	mpact.
MED	21d INJURY O			FACTORY, FARM, ETC		STRE	EET		CITY OR I			UNTY	STATE
	AT WORK	NOT WHILE	23	road		Tria	delphi	a Rd.	near	Roxbur	y Rd.	,Howard	d Md.
	22a. I certi	fy that I took cha	rge of the remains	described above	e, held an	Autopsy	X, Ins	pection [, Inquir	у 🔲, с	and in my op	Dinion	
	death result	ed from; Not	tural couses .	Accident	X Suic	cide .	Hamicide	. ı	Indetermined i	manner			
		Want	- n - M	,11	10		TITLE (SPEC	IFY)					
	ACTUAL SIGNATURE	well	art I	14 M	rell.	M.D	Assist	ant	MEDICAL EXA	AMINER	DATE	8-24	-84
	EV 4 14 14 15 87 C												
	(TYPE OR PRI	NT) Mai	rgarita <i>I</i>	. Korel	1, M.D)A	DDRESS 111	Penr	st.,	Balto.	, Md.	21201	
23a.B	URIAL, CREMA	TION, REMOVAL	236 DATE	23c. N/	AME OF CEM	ETERY OR	CREMATORY	2	3d LOCATION		con	NTY	STATE
	BUR1	AL	8/27/	84 G	ATE OF	HEAV	EN CEM	FTFP	D. BY REGIST	UED CD	DINC	MONT	MT
24. FI	UNERAL DIREC	TORDALICT	O T COLL	7110			75a.	DATEREC	D. BY REGIST	RAR 756 REC	SISTIRAK S S	IGNATURE	1,10

DIRECTOFRANCIS J. COLLINS 500 UNIV. BLVD. W. SILVER SPRING, MD.

20901

AUG 2 9 1984

is Tavidoon-Randall



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO £A5T DECEASED NAME FIRST MIDDLE 20. DATE OF DEATH MONTH DAY YEAR 7b. HOUR LIVPE OR PRINT 24 84 8 MUNFORD HURTT 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS 3. SEX 1a. BIRTHPLACE **BALTIMORE CITY OR COUNTY OF DEATH** STATE OR FOREIGN 16 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED BALTIMORE CITY, U.S.A WIDOWED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 126 KIND OF BUSINESS OR INDUSTRY USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 21218 13a. STATE 113b COUNTY 13e.STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? NO 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDI ADDRESS WAS DECEASED EVER IN U.S. ARMED FORCES? SOCIAL SECURITY NO 17 INFORMANT 218-22-887 (IF YES, GIVE WAR OR DATES) 11-14-42 103 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: theore pulmon the 201 IMMEDIATE CAUSE (a), DUE TO, OR AS A CONSEQUENCE OF CONGESTIVE Conditions, if ony, which gave rise to immediate couse (o), stoting DUE TO OR AS A CONSEQUENCE OF IN FAMETION underlying cause lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [] NOF YES [21a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION STREET CITY OR TOWN COUNTY STATE (AT HOME STREET, FACTORY OFFICE FARM ETC.) WHILE NOT WHILE AT WORK to AUGUST 84 22a I certify that (X (this haspital) attended the deceased from AUGUST 84 and that in (m) (our) opinion death occurred on the date and hour and from the causes stated sow the deceased always AUGUST 24 obove, (1) (we) (did) (decay) view the body after death. 22b. SIGNATURE DEGREE 22c. DAT ATTENDING STAFF PHYSICIAN 22e ADDRESS 21218 3900 LOCH RAVEN BLVD 23d LOCATION CITY OR TOWN 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNAL 24 FUNERAL DIRECTOR

DHMH - 16 50M 4/83 (VRA 15, 4)

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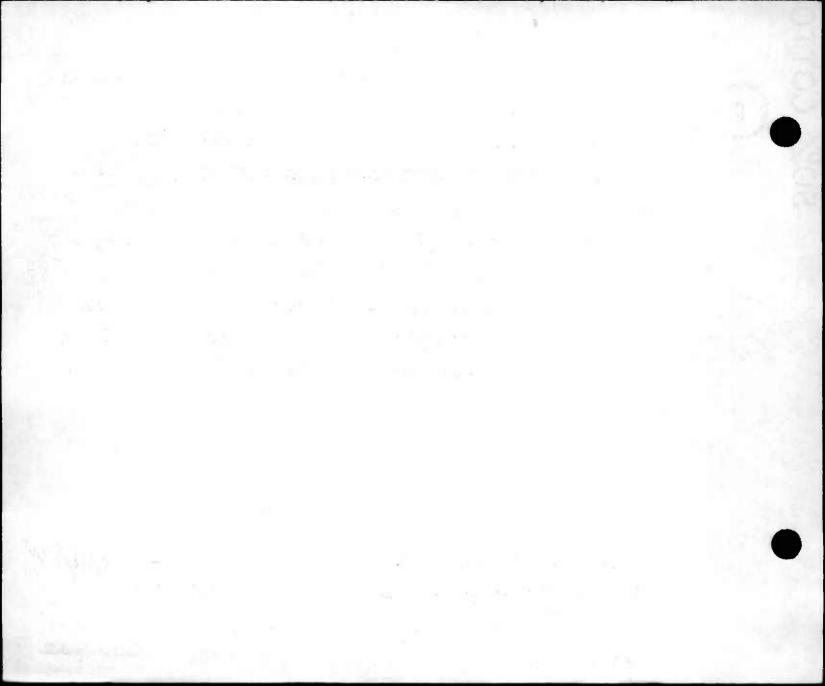
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7		FOR STATE REGISTRAR		MENT OF I	E OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	REG. NO.	1462
poge 3		CEASED NAME FIRST JULIU	S	H	JTCHINSON	20. DATE OF DEATH MONTH	1 84 Zb HOUR
in ther d	3. SE	× MALE	BLACK	5. DATE (A DCU 15 100	6. AGE (IN YEARS LAST BIRTHDAY) 7 61 YRS	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
A	BA	RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	WIDOW	ED DIVORCED	PBALTIMORE CHY OR COUNT BALTIMORE	MD.
by the filed w	B	ALTO.	11. NAME OF HOSPITAL, NURSIN 3500 BERWYN	OFFESS)	OR OTHER INSTITUTION	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK ING) RETIRED	176. KIND OF BUSINESS OR INDUSTRY FACTORY WK
filled in nould be	USU 13a	AL RESIDENCE (IF NURSING HOME OR STATE 13b COUN			134. INSIDE CITY LIMITS?	13. STREET ADDRESS BERWYN	AVE. 21207
completely 1 and 2 sh	14. F/	JOEL	HUTCHIN	SON	MAMIE	WIDDLE	ILLIS
ers. Poges 1		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV YES	MED FORCES? 16b. SOCIAL SECU (E WAR OR DATES)	RITY NO.	ANNIE HUTCH	IINSON 3500 BI	ERWYN AVE.
hos been signed by the attending phe permit. Then please remove carbono ene prior to burial, cremotion, or remove one prior to burial, cremotion, or other troumotic ever	CERTIFICATION	Conditions, if any, which gove rise to immediate cause (a), stating the underlying couse last.	DBY: TE CAUSE (a) DUE TO, OR AS A CONSEQUIDATION OF AS A CONSEQUIDA	ENCE OF		200. AUTOPSY? 20b. IF YI	IVEN IN PART TO
er this certificate the burial-transit ond Mentol Hygi ked or Item 18 sh	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE- (IF EITHER NOTIFY MEDICAL EXAMINED 21d. INJURY OCCURRED WHILE NOT WHILE ALL WORK ALL WORK	NIR .	AY YEAR 19 ARM, ETC.)	216. HOW INJURY OCCURR 216. LOCATION STREET	ED (ENTER NATURE OF INJURY IN ITEM TO	PART I OR PART 2) COUNTY STATE
TO FUNERAL DIRECTOR: After should be detached for use os with the State Dept. of Heelth IMPORTANT: If them 21 is most		22a.1 certify that (I) (this hospi	or) view the bady after death.	, a	DEGREE ATTENDING PHYSICIAN PHYSICIAN PHYSICIAN FINAL PHOS	Α	22c. DATE SIGNED 8 2 8 4 BALTIMBE
16 50M 4/82 (A 15, 4)		BURIAL CREMATION, REMOVAL BURIAL UNERAL DIRECTOR EROY 0. DYETT	0 17 101	RRIS HGTS	ON FOR. VET	23d LOCATION CITY OF TOWN RECO. BY REGISTRANDS REGISTRANDS	COUNTY STATE RESTORMANDING** Facility Pandage

DHMH - 16 50M 4/82 (VRA 15, 4)

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FOR - STATE REGISTRAR DECEASED NAME (TYPE OR PRINT)

76. BIRTHPLACE

130 STATE

COUNTRY) Dalto 10. CITY OR TOWN OF DEATH

3. SEX

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MPORTANT:

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certificate

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FUNERAL HOSPITAL

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OR ATTENDING

haspital

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221 PHYSICIAN'S NAME (TYPE OR PRINT)

eannin

230. BURIAL, CREMATION, REMOVAL

timore

USUAL RESIDENCE (IF NURSING I

FIRST liam

Paruland 4. FATHER'S NAME

R	DEP	STATE OF MARYLAND ARTMENT OF HEALTH AND MENTA CERTIFICATE OF DEATI		1463
ME FIRST	WIDDLE	LAST	REG. NO.	DAY YEAR 26 HOUR
BERNAde	tte 0.	Hyser	8-22-84	04:55AM
1e	4. RACE White	5. DATE OF BIRTH MONTH DAY YE 10 - 12-00	1 - 0	MONTHS DAYS HOURS MIN.
mo	76. CITIZEN OF WHAT COUNTY	RY? 8. MARRIED NEVER MARRIE WIDOWED M DIVORCE	14 11 2	NTY OF DEATH AD.
MOFDEATH	11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVE S	RSING HOME OR OTHER INSTITUTION TREET ADDRESS)	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN HOME MALER	ISLIFE INDUSTRY LICENSOR INDUSTRY
ce (if Nursing Home or 13b COUN		EFORE ADMISSION)		it. Balto. 11d. 21230
	widdle Ph.	15. MOTHER'S MAID FIRST Efficiency	ENNAME Thethe Lillian	Ruddloh
SED EVER IN U.S. AR (NOWN) (IF YES, GIV	F WAR OR DATEST	BECURITY NO. 17 INFORMANT 03-1140 Mrs. H.L.F	isher, 1423 Battery	21230 Ave. Balto. Md.
DEATH WAS CAUSE	oly one cause per line for (a), (b) BY: TE CAUSE (a) OS p: T		mana	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
s, if any, which	DUE TO, OR AS A CONSI	QUENCE OF	oma with	
stating the g couse lost.	DUE TO, OR AS A CONSE	EQUENCE OF branch: a	l involvement	

6 WAS DECEASED EVER IN U (YES, NO OR UNKNOWN) NO & CAUSE OF DEATH (E PART I. DE ATH WAS IMA Conditions, if any, wh gove rise to immedicause (a), stating underlying couse lo PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 198 DATE OF OPERATION 20b. IF YES, WERE FINDINGS USED 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YES T NO 218 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART LOR PART 2). HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21f LOCATION CITY OR TOWN COUNTY STATE AT HOME STREET, FACTORY, OFFICE, FARM, ETC 1 WHILE NOT WHILE AT WORK 220.1 certify that (1) (this haspital) attended the deceased from , that (I)(we) lost 19.84 22 sow the deceased alive on S C C above (1) (we) (did) (did not) view the body alter death and that in (my) Qur opinion death accurred on the date and hour and from the causes stated 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN | DIRECTOR PHYSICIAN

BP. DHMH - 16 50M 4/82 (VRA 15, 4)

(SPECIFY) Baltinore. COUNT Burial Maruland athedra 24. FUNERAL DIRECTOR REGISTRAR 256. REGISTRAR'S SIGNATURE Tully Funeral Home, 130 E. Fort Ave. Balto. Ad. andell

23c. NAME OF CEMETERY OR CREMATORY

ers

23b. DATE

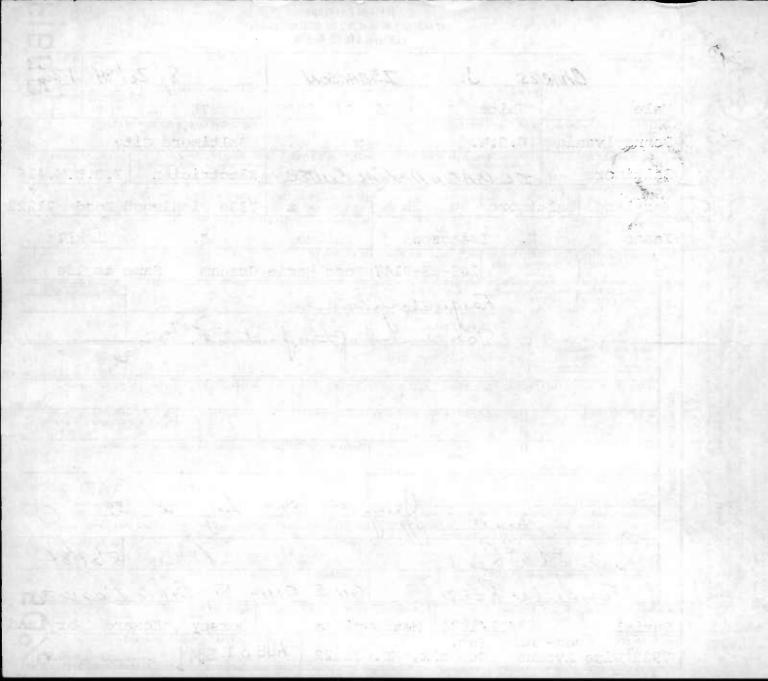
22e ADDRESS

23d LOCATION

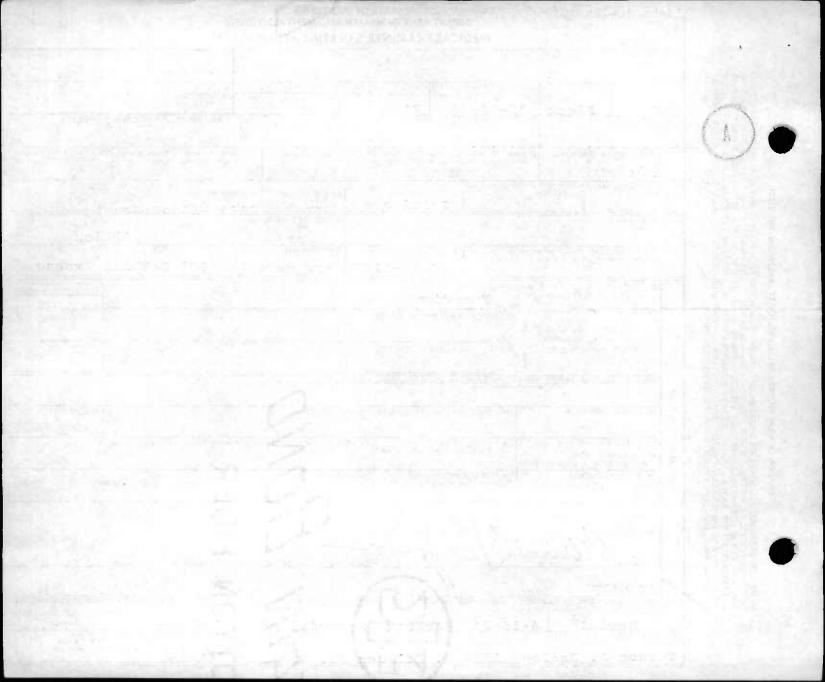
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BP_____ DHMH - 16 50M 4/83 (VRA 15, 4)

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		FOR STATE			DEPARTN			MENTAL HY	GIENE U					
		REGISTRAR				CERTIF	ICATE OF	DEATH		REG. NO				
Н		EASED NAME	FIRST	N	AIDDLE	t.	AST		2a DATE OF	DEATH M	ONTH DAY	YEAR	25 HOUR	45
	[IANE (OR PRINT)	Pharlz	23	J.	Z 3	AACS	Ne		2	8/ 28/	84	12	M
	3. SEX		1	RACE		5. DATE C		MEAD	6 AGE INY	EARS LAST BIRTH	MON	NDER I YEAR		AIN.
	Ma	ale		White		12	14	1905		78	YRS.			
7-		THPLACE (STATE OR FO	OREIGN 76	. CITIZEN OF	WHAT COUNTRY?	8.	□ NEVER	MARRIED -			COUNTY OF			
2	Pe	ennsylvan		U.S.A		WIDOWE	D 🔼 [ONORCED [Bal		ce Cit		- 1	MD.
1	10 CIT	Y OR TOWN OF DEA	TH J		HOSPITAL, NURSIN		R OTHER IN	STITUTION	12a. USUAL	OCCUPATION K FOR MOST OF		12h KIND C INDUSTRY	OF BUSINES	SSOR
0	Ba	altimore	/	J. L. D	EATON /	nedici	21/2	UTER	Elec	trici	lan	I.B.	E.W.	#26
1	USUA 13a S	L RESIDENCE (# NURSI	NG HOME OR OT	THER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)	13d INSIDE	CITY LIMITS?	13e STREET	ADDRESS /	ZIP CODE			
2		aryland		imore	Dundal	k	YES 🗌	NO X	7930	Diel	lwood	l Roa	ıd 2	1222
1	14. FA	THER'S NAME	44.0	DDLE	LAST			R'S MAIDEN N	AME	MIDDLE		. 1A	.51	
50	Is	saac			saacson	1	Hi	1ma		J.		Nik	kila	
5		AS DECEASED EVER			166. SOCIAL SECU	RITY NO.	17. INFORM	ANT	1. 77	ADDRES	S			
6	NÇ	ES, NO OR UNKNOWN)	(IF YES, GIVE V	WAR OR DATES)	208-03-	9147	Rose	Marie	e Grah	am	Same		13e	
		18 CAUSE OF DEATH	1 (Enter only	one couse per	line for (a), (b), and	dich	0					BETWEEN	MATE INTERV	ZAI DEATH
		PART I. DEATH W	AS CAUSED IMMEDIATE		espiral	torgs	fail	use						
			MANTEDIALE		R AS A CONSEQUE	ENC Vole		,		In.	text			
		Conditions, if ony,	which	(6)	AS A CONSEGUE	centra	Lofo	these	sostat		att.			1
		gove rise to imm couse (o), stating	nediote	DUE TO O	R AS A CONSEQUE	ENICE OF		V			V.	1		
		underlying couse		(c)	K AS A CONSECUT	LIVEL OI	V							
		PART 2. OTHER SIGN	IFICANT CO		ONTRIBUTING TO	DEATH BUT	NOT RELAT	ED TO THE TER	MINAL DISEAS	E OR COND	ITION GIVEN	IN PART 1	(0)	
	NO O													
1	CERTIFICATION	19a DATE OF OPERAT	ION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERI	ORMED	20a AUT	OPSY?	20b. IF YES, W	VERE FIND	NGS USED	H?
1	Ĕ								YES 🗌	NO	YES [NO 🗌	
7	GE	21a. ACCIDENT WAS UND		21b. TIME C		AV VEAD	21c. HOW	INJURY OCCU	IRRED (ENTERN	ATURE OF INJUR	Y IN ITEM TO PART	T OR PART 2)		
A		OR CONTRIBUTING C			M. MONTH D.	19								
7	MEDICAL	21d. INJURY OCCURR		21e PLACE	OF INJURY	Company of the Company	211. LOCA			CITY OR TOV	VN .	COUNTY	ST	TATE
	Z	WHILE NOT WH	IILE	(AT HOME, SIT	REET, FACTORY, OFFICE,	7		~	1	7	. ~:	DV.		
		22s.1 certify that (1)	(this hospite	ol) oftended th	ne deceased from	Veel.	4 13	. 190/	100	eng,	25 , 19:	87	, that (IV (w	ve) lost
		sow the decease	ed olive on	ACLG?	0 19/2	1-6	nd that in (m	y) (our) opinio	n deoth occurr	ed on the do	te and hour a	nd from the	e couses sto	ited
		22% SIGNATURE	print [carrot repr]	00	7	-	DEGREE	1		/		22c. DAT	E SIGNED	/
	13	X. O.	and	UK	0-1			ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAF PHYSIC	F IAN 🗌	8/2	9/84	_
		211 PHYSICIAN'S NA	AME (TYPE OR	PRINT)	7		22e ADDR	ESS			. 1		1	
1		1 500	01/1	1). K	FED		611	5. C	1PS. S	T. 6	ALTO.	Mo.	ンショ	5X
-		BURIAL, CREMATION,	REMOVAL	23b. DATE	231.	NAME OF	CEMETERY O	RCREMATORY	23d. LOC			OUNT.		TATE
		urial		8/31	/1984 N	Meado	wride	je		sey	Howa	ard	Mary	land
	24. FU	UNERAL DIRECTORDI	uda-R	uck,	Inc.				ATE REC'D. BY				4 .	3.0
	7	922 Wise	Aven	ue l	Dundalk	, MD.	212	22 A	0631	1984		vidion-	Pandel	2
	_													



		EASED NAME	FIRST		MIDDLE		LAST	26. D/	ATE KNOV	WN X MO	NTH DAY	YEAR
1	,,,,,	OK / KINT)	Ros	a		J	ackson		ATH MAT	ED 🗌	8-11	1984
3	SEX		4. RACE	5. DATE OF BIR	TH 6. AG	E (IN YEARS IF U	NDER 1 YR. IF UNDER		DATE	MOI	NTH DAY	YEA
	4	F	Blac.	k 11-26	-49 34		DATS		DEAD		8-11	1984
34	FOR	EIGN COUNTRY)	ATE OR Ad . OF DEATH	U.S.A	WHAT COUNTRY?	WIDO	RIED NEVER MARK	ED X B	altim		ity,	IND OF
1	,	Baltim	ore	Joh	ns Hopkins	oress) Hospi	tal	FOR MOST O	F WORKING LI	IFE)	0	R INDUS
		L RESIDENCE	(IF IN NURSING HO	ME OR OTHER INSTITUTION	13t. CITY OR TO	ADMISSION)	13d INSIDE CITY LIMITS?	13e STREET AI	DDRESS	o t C	ourt	21:
J.	I. FA	THER'S NAME		MIDDLE	LAST		15. MOTHER'S MAID	EN NAME	MIDDLE	O L - 63	01116	LAST
1							Mary				illia	a m
16		'AS DECEASE S, NO, OR UNKNO		ARMED FORCES? GIVE WAR OR DATES)	166. SOCIAL SI 213-5	2-1186	Mary Def	ugh 2		Oakh.	ill 2	Avei
		gave ri	ns, if any, wh se to immedi stating the und se last.	ate (b)	OR AS A CONSEQU	ENCE OF			4			
	NOI	gave ri cause (a lying cau	e to immedi stating the <u>und</u> se last.	ate (b)	or as a consequ		ASE DR CONDITION GIVEN IN P	ART 1 (a).				
	FICATION	gave ri cause (a lying cau	e to immedi stating the <u>und</u> se last.	ote (b) DUE TO, (c) ONS CONTRIBUTING TO DE	or as a consequ	THE TERMINAL DISE/		ART I (a).			20	
13	CAL CERTIFICATION	gave ri cause (a' lying cau PART 2 DIHER SI 19a DATE OF	e to immedi stating the und se last. GNIFICANT (DNDITI OPERATION	ote (b)	OR AS A CONSEQU	THE TERMINAL DISEA			OF INJURY IN	ITEM 18 PART I		
1	MEDICAL CERTIFICATION	gave ri cause (a' lying cau PART 2 DIHER SI 19a DATE OF	e to immedistating the und stating the und see last. OPERATION IL CAUSE WAS OR NG CAUSE (CAUSE CAUSE)	ONS CONTRIBUTING TO DE 196 CON 216. TIME HOUR OF DEATH	OR AS A CONSEQUANT BUT NOT RELATED TO NOTION FOR WHICH	THE TERMINAL DISE	WAS PERFORMED?	ED (ENTERNATURE	of injury in	ITEM 18 PART I		AUTOPS YES X X
13	MEDICAL CERTIFICATION	gave ri couse (a) lying cau PART 2 DIHER SI 19a DATE OF 21a EXTERNA UNDERLYING CONTRIBUTI 21d INJURY (WHILE AT WORK	OPERATION CAUSE WAS COCCURRED ON WHILE AT WORK Ty that Legals check The transport of the transport The t	OF DEATH Contributing to DE	OR AS A CONSEQUENT OF THE STATE OF STAT	THE TERMINAL DISEA H OPERATION TO THE TERMINAL DISEA YEAR 19 OME. 21f. L.	WAS PERFORMED? HOW INJURY OCCURR OCATION	ED (ENTERNATURE CITY Undetermine	ORTOWN quiry ,	and in r	OR PART 2] COUNTY	
2		gave ricouse (a) lying cau PART 2 DIHER SI 19a DATE OF 21a EXTERNA UNDERLYING CONTRIBUTI 21d INJURY C WHILE AT WORK 22a I certi death result ACTUAL SIGNATURE. EXAMINER'S (TYPE OR PRI	OPERATION CL CAUSE WAS COCCURRED NOT WHILE AT WORK My that I took che and took NAME NT)	DNS CONTRIBUTING TO DE 19b CON 21b. TIME HOUR 21e PLAC STREET. Darge of the remains atural causes Dennis F.	ATH BUT NOT RELATED TO NOTITION FOR WHICH E OF INJURY A.M. MONTH DAY P.M. CE OF INJURY (ATT) FACTORY, FARM, ETC.) detribed above, he Smy Ch. M	YEAR 216 1 19 OME. 216 L	WAS PERFORMED? HOW INJURY OCCURR OCATION STREET IPSY X, Inspection I, Hamicide I, TILE (SPECIFY) M.DASSISTANT ADDRESS 111	ED (ENTERNATURE CITY Undetermine MEDICAL I Penn St	or TOWN quiry, ed manner EXAMINER	and in r	COUNTY my apinian DATE IGNED	YESXX
2	3g. BU	gave ri cause (a) lying cau PART 2 DIHER SI 19a DATE OF 21a EXTERNA UNDERLYING CONTRIBUTI 21d INJURY (WHILE AT WORK 22a certi death result ACTUAL SIGNATURE, EXAMINER'S (TYPE OR PRI)	OPERATION CLEAUSE WAS COURSED NOT WHILE AT WORK Ly that Look che at the first was the che at the	DNS CONTRIBUTING TO DE 19b CON 21b. TIME HOUR 21e PLAC STREET. Darge of the remains atural causes Dennis F.	ATH BUT NOT RELATED TO ATH BUT NOT RELATED TO NOTITION FOR WHICH E OF INJURY A.M. MONTH DAY P.M. CE OF INJURY (ATH FACTORY, FARM, ETC.) described above, he Smyth, M 23c. NAME	THE TERMINAL DISE	WAS PERFORMED? HOW INJURY OCCURR OCATION STREET IPSY X, Inspection Homicide I, THE (SPECIFY) M.DASSISTANT	ED (ENTERNATURE CITY Undetermine MEDICAL I Penn St 123d LOCATI CITY OR TOW	or TOWN quiry, ed manner EXAMINER	ond in r	COUNTY my apinian DATE IGNED	YES XIX



impletely filled in by the funeral dii ond 2 shauld be filed within 72 hai

with the Store Dept. or received to them 18 shows any injury, ar ather traumatic event, the medical extension of the state TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and coshould be detached for use as the burial-transif permit. Then please remaye carbon papers. Pages I with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remayal.

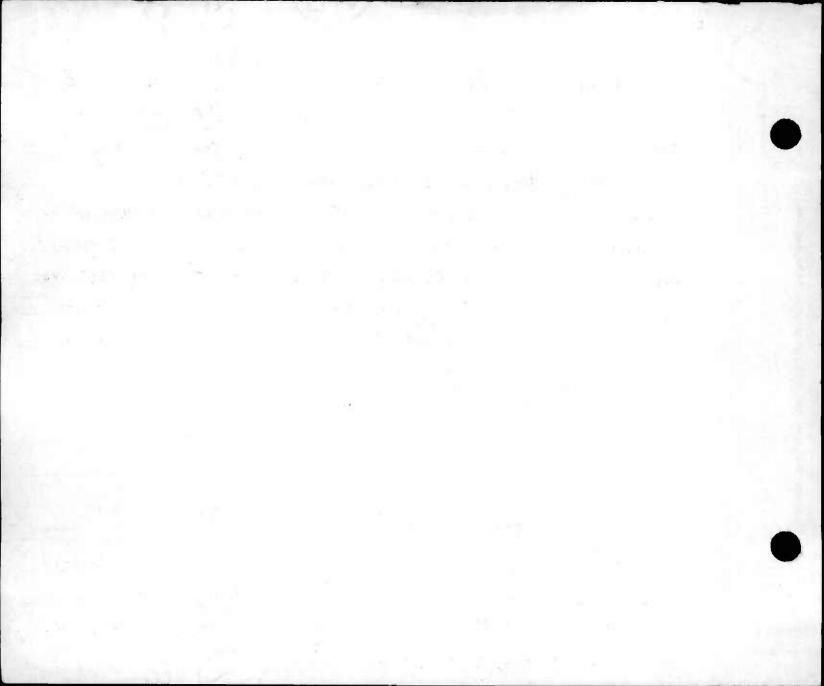
-	FOR STATE REGISTRAR			
	REGISTRAN		 	

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE & CERTIFICATE OF DEATH

	23	1	42	O	0	
NO						

1	•	REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO.			
Ì		EASED NAME FIRST	MIDDLE	L.	AST	20 DATE OF DEATH M	ONTH DAY Y	FEAR 26	HOUR
	(TYPE	Willie	M	-20	eckson	8	-16-8	41	B. 40 M
I	3. SEX	11	4 RACE	5. DATE C		6. AGE IN YEARS LAST BIRTH			UNDER 24 HRS
		Mare	Black	4	122/06	78	YRS		Wire.
		OUNTRY)	76. CITIZEN OF WHAT COUNT	RY? 8 MARRIEI	NEVER MARRIED	9 BALTIMORE CITY OR	COUNTY OF DEA	TH	
9	VI	rginia	400	WIDOWE		Butma	re cu	12	MD.
	10 CIT	TY OF TOWN OF DEATH	11. NAME OF HOSPITAL, NUI		OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF V			SUSINESS OR
-	1	saltimore	Bon Sccour	5 105	pital	Betire	d		
1		L RESIDENCE (IF NURSING HOME OR TATE 136 COUN			13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS /	ZIP CODE		/
4	1	10.	Balt	more	YES NO	2222 Brade	313h Ave		1/2/6
J	14. FA	THER'S NAME	MIDDLE LAST		15. MOTHER'S MAIDEN NAM	WIDDLE	Ų.	LAST	/
2	1	tenry	tacks	1011	Lena	ADDRES:	£	Hew	art
1		AS DECEASED EVER IN U.S. AR ES, NO OR UNKNOWN! (IF YES, GIV	MED FORCES? 166 SOCIAL S	ECURITY NO.	17 INFORMANT				
Į	40	Known	×13-0-	1-0000	Daisy D. Ja	ickson 222	2 Bradd	ish	<u>Avenu</u> e
I		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE		, and (c).)					TE INTERVAL
ı			TE CAUSE (a)	10my or	esthy			mon	14/
1			DUE TO, OR AS A CONSE	QUENCE OF	. 1.				4
1		Conditions, if ony, which	((de/	sen 7	Allue			wee	щ
١		gove rise to immediate couse (a), stating the							
١		underlying cause lost	(c) /(en	of to	allune			WRR	4
ı	_	PART 2. OTHER SIGNIFICANT O	ONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR COND	TION GIVEN IN PA	ART Ito	
	CERTIFICATION		Concey of t	401	adde				
	S	19a DATE OF OPERATION	196. CONDITION FOR WH	HICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE IN CERTIFYING CA	FINDING: AUSES OF	S USED F DEATH?
-	THE					YES NO	YES 🗌		NO []
		21a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA		DAY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY	IN ITEM IB PART I OR PA	ART 2	
	CAL	(IF EITHER, NOTIFY MEDICAL EXAMINER	P.M.	19					
1	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY LATHOME STREET, FACTORY, OFF	FICE, FARM, ETC (211 LOCATION STREET	CITY OR TOW	N COUP	NTY	STATE
	~	AT WORK NOT WHILE AT WORK			<u> </u>		-		
1		22a I certify that (I) (this hospi	6 1/	Q ()	- 84 , 19		19		ot (I) (we) lost
1		sow the deceased alive an above, (1) (we) (did) (did no	t) view the body ofter death.		nd that in (my) (our) opinion (death accurred on the date			
1		22b. SIGNATURE	2		DEGREE ATTENDING	MEDICAL STAFF	1	DATESIC	
		Til.	Ma		PHYSICIAN 4	DIRECTOR PHYSICIA	AN 🗌	8-16	-84
		224 PHYSICIAN'S NAME (TYPE O			22e ADDRESS		, ~ la		
		LANG SIPE	und wil		(17E,12	ratora H	Juill 10	7	
		URIAL, CREMATION, REMOVAL			EMETERY OR CREMATORY	23d LOCATION			STATE
		BURIAL	8/22/84	Woodla	wn Cemetery				Md.
		INERAL DIRECTOR	ADDRE		250 DAI	2 0 1984	Sh REGISTRAP'S SI	GHATUR WINDSTA	tell
	Wm	C March F/H	Inc. 1101 F	E. Nort	h Avenue	20 1304		-	

DHMH - 16 50M 4/83 (VRA 15, 4)



2	1.	FOR STATE REGISTRAR		DEPA	RTMENT OF H	OF MARYLAN EALTH AND MI ICATE OF DE	ENTAL HYGI		REG NO.		14	6 /
\		CEASED NAME FIRST OR PRINT)		MIDDLE	Į.	AST		20 DATE OF D	EATH MONTH	DAY	YEAR	2b. HOUR
6 00		MILDRE	D E	STHER	JA COI				08	01	84	3:00 P
	3. SE	X	4 RACE		5. DATE C		YEAR	6 AGE (IN YEAR	S LAST BIRTHDAY	MONTH	DER TYEAR	IF UNDER 24 HRS
(A)		FEMALE	WHITE		11	08	98		85 Y	RS.		
12/8		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNT	RY? 8	NEVER MA	ARRIED	9 BALTIMORE	CITY OR COL	INTY OF D	EATH	
e e e		MARYLAND	U.S.A		WIDOWE		ORCED	BALTI	MORE C	ITY		N
s offer dec by the fune iled within	10. C	TY OR TOWN OF DEATH		HOSPITAL, NU	RSING HOME C	R OTHER INSTIT	NOITUT	12a USUAL OC			L KIND O	F BUSINESS O
by the filed to notif	B/	ALTIMORE			N MANOR	NURS. C	ENTER	HOMEM				
G 5 2	USU.	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION.		EFORE ADMISSION)	13d INSIDE CIT	CZTIANII V	13e.STREET AD		ODE		
filled hould be		ARYLAND -		BALTI			NO [ALLWOO		EET,	21223
within letely for d 2 sho		ATHER'S NAME	355	LAST		15. MOTHER'S		ΛE				
		HERRY	MIDDLE	GRA	W	ANIT	rst 'A	,	AIDDLE		SLA	TER
		VAS DECEASED EVER IN U.S. AR			ECURITY NO.	17 INFORMAN			ADDRESS			
	- 1	YES NO OR UNKNOWN) (# YES, GIV	E WAR OR DATES)	212-0	5-8819	HARTMA	AN SCOT	T 326	SMALLW	OOD S	TREE	2122
certificate being physician rabon popers. Promoval.	-	18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	nly one cause per D BY: FE CAUSE (0)	1 1				Λ -	PES7			MATE INTERVAL INSET AND DEATH
requires that the death ce in signed by the attendin. Then please remove corb or to buriot, cremation, or injury, or ather troumatic.		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last) (6)—	R AS A CONSE	OUENCE OF	ATIC	CA	BR	EST.			
is law requires is, os been signer os been signer os prior to buri ws ony injury, o	CERTIFICATION	PART 2 OTHER SIGNIFICANT (TO DEATH BUT			20a AUTOPS	20b IN C	F YES, WE	RE FINDIN	IGS USED OF DEATH?
The cior	RTI		2 011 71115 0	Z INTRUDY	~~	-u	UBW OCCUPA		10 4	YES		NO 🗌
SICIAN. ng physical certification of the second of the se	MEDICAL CE	210 ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DE	P.	M. MONTH	DAY YEAR		0	ED (ENTERNATUE	E OF INJURY IN ITE	M IS PART I C	ORPART 7)	
offending of the bush on the b	MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE (AT HOME STE	REEL FACTORY OF	STA ETC)	211 LOCATION			ITY OR TOWN	(OUNTY	STATE
ATTENDI Spitol or CCTOR A d for use t. of Heal		220 f certify that (1) (this hasp saw the deceased alive on above, (1) (we) (did) (did no	8-1-		9 P4. or	d that in (my) (c	, 19 83 our) opinion d	to	on the date and	, 19 d hour and	from the	thot (I) (we) lo
OR he ho ho ho ho ho ho ho ho ho ho ho ho he ho he he he he he he he he he he he he he		226 SIGNATURE	Appro			PH	TENDING HYSICIAN L	MEDICAL DIRECTOR	STAFF PHYSICIAN [B/2	SIGNED
TO HOSPITAL retoined by th TO FUNERAL should be detent with the State IMPORTANT:		SURGIT S. JUL		087		27e ADDRESS 107-10)9 E. S	SARATOGA	ST.,	SUITE	201	
7 5 5 7 3 ₹	23a I	BURIAL, CREMATION, REMOVAL	236. DATE		73c NAME OF C	EMETERY OR CE	REMATORY	23d. LOCATH		.~	INTY	STATE
BP		BURIAL	08-03-	-84	MEADOWR	IDGE MEN	A. PK.	ELKRII		WARD		ZLAND

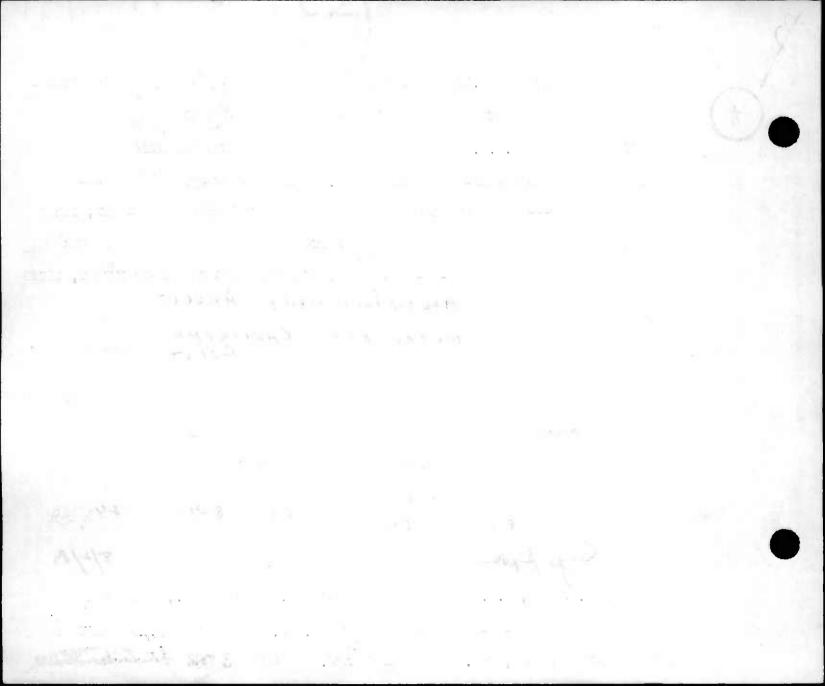
DHMH - 16 50M 4/83 (VRA 15, 4)

74 FUNERAL DIRECTOR 21229
HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.

MEADOWRIDGE MEM, 21229

PK. ELKRIDGE HOWARD

250. DATE REC'D. BY REGISTRAR TO GISTRARS



TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the two should be detached for use as the burial-transit permit. Then please remove carbanappers. Pages 1 and 2 should be filled with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 21 is marked or them 18 shows any injury, or other troumatic event, the retained by the hospital or attending physician.

	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IENE S	٤.١
1	T	20. DATE	OF DI

ı						OF MARYLAND	4.4	29	1	6 8
1	1	FOR STATE		DEPAR		EALTH AND MENTAL H	YGIENE S 4	Con	1 . 7	4 4
ı	1 -	REGISTRAR			CERTIFI	CATE OF DEATH	REG. I	10.		
1		EASED NAME FIRST	,	AIDOLE	LA	AST	2e. DATE OF DEATH	MONTH	DAY YEAR	26. HOUR
L	THE	VIVA	inia	A.	J	arboe		8	2 84	HILOPM
1	SEX		4. RACE	1 11	5. DATE O	F BIRTH	6. AGE (IN YEARS LAST B	RTHDAY)	IF UNDER 1 YEAR	IF UNDER 24,HRS
Į		F	4		MONTH	30 13	71	YRS	MONTHS DAYS	HOURS MIN.
ı	C	RTHPLACE (STATE OF FOREIGN OUNTRY)	115	MHAT COUNTRY	MARRIED	NEVER MARRIED	Baltimore City	1	Y OF DEATH	
-		Mary's Co., Mo			WIDOWE	D DIVORCED [120. USUAL OCCUPA		126. KIND O	MD. F BUSINESS OR
		Praltimore /	GOOD SUC	Samarito	ELL HO	spital	Homewake	OF WORKING L	FE) INDUSTRY	
B	JSUA I3a. S	LE RESIDENCE (IF NURSING HOME OF TATE 136 COUN	OTHER INSTITUTION,	GIVE RESIDENCE BEFO	ORE ADMISSION)	13d. INSIDE CITY LIMITS?	130 STREET ADDRESS			Derail
ı	Ма		arv's_	Great	Mi 11s	YES NO	general delic	eny O	reut Mills	MD 20034
		THER'S NAME	2			15. MOTHER'S MAIDEN N	MIDDLE		I AS	
		Dawid	H	ammett		FIRST	MIDDLE	Wa	atts ~	
1		AS DECEASED EVER IN U.S. AR		166 SOCIAL SE	CURITY NO.	17. INFORMANT	ADD	RESS		
	(4)	ES, NO OR UNKNOWN) [IF YES, GIV	E WAR OR DATES)	218-5	4-6007	T. Melvii	n Jarboe	Sar	me as 1	136
F		18. CAUSE OF DEATH (Enter or	ly one couse per				U DULLAR.			MATE INTERVAL
l	-	PART I. DE ATH WAS CAUSE	D BY:	Chron	ie re	val fail	lene			
1				R AS A CONSEG	UENCE OF		11			
ı		Canditions, if any, which	((b)_	540	ferric	lupdes a	19thenat	are		
1		gave rise to immediate cause (a), stating the	DUETO	R AS A CONSEG	UENCE OF		0			
ı		underlying cause last.	(c)_							
ı		PART 2. OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO	O DEATH BUT	NOT RELATED TO THE TE	RMINAL DISEASE OR CO	NDITION GI	VEN IN PART 10	
	O	A CONTRACTOR OF THE PARTY OF TH	Con	jestive	. hea	it Youle	سف			
	CERTIFICATION	190 DATE OF OPERATION	196. COND	TION FOR WHIC	CH OPERATIO	WAS PERFORMED	20a AUTOPSY?		S, WERE FINDIN	
	TIE						YES NO		ES	NO 🗆
1	CER	210. ACCIDENT WAS UNDERLYING	1 110110 4		DAY VEAR	21c. HOW INJURY OCCU	URRED (ENTER NATURE OF IN	JURY IN ITEM 18	PART 1 OR PART 2)	
		OR CONTRIBUTING CAUSE OF DE		M. MONTH M.	DAY YEAR					
	MEDICAL	21d. INJURY OCCURRED	21e. PLACE	OF INJURY		211. LOCATION	CITY OR	OWN	COUNTY	STATE
	X	WHILE NOT WHILE AT WORK	(AT HOME, STI	REET, FACTORY, OFFIC	E, FARM, ETC)	STREET	1			31016
	1	220.1 certify that (1) (this hasp	ital attended th	e deceased from		19 8	, ta			that (1)(we) last
	1	saw the decease live on above, (p) as (fid) did no	8/4	Ofter death.	87 , an	d that in (my) (aur) apinio	an death accurred on the	date and ha	or and from the	causes stated
1		17h SIGNATURE	D1/1	and the same		DEGREE			22c DAJE	SIGNED
		tout	TV.V)	an	ATTENDING PHYSICIAN		AFF	8/2	184
1		770. PHYSICIAN'S NAME (TYPE	OR PRINT)		V 4	22e ADDRESS		7	1	1
		Paul	Mille	~		OF THE PARTY OF THE				
1	230 B	URIAL, CREMATION, REMOVAL	23b. DATE	23	NAME OF C	EMETERY OR CREMATOR	Y 23d. LOCATION			
1	13	Burial	8-6-	84 1	Holy F	ace Cemete	CITY OR TOWN	мілл	COUNTY	lary sMd
1	24 FU	NERAL DIRECTOR	100				ATE REC'D. BY REGISTRA	DIREN DECIS	TRAP'S CICNIAT	LIDE -
		W. Clarke	Matti	nalev I	Leonar	dtown, Md A	UG 7 1984	- Marian	Darky Salary	Continue
L		o= ===				O. O. O. 1122 / 2 301 0		W		

DHMH - 16 50M 4/82 (VRA 15, 4)

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그 그리고 그리고 있다면 하는 사람들은 사람들이 되었다면 하는 사람들이 되었다면 하는 것이 없다면 하는데 없다면 하는데 없다면 하는데 없다면 하는데 없다면 하는데 없다면 하는데 없다면 하는데 없다면 다른데 없다면 하는데 없다면	
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FOR - STATE

STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	ì
CERTIFICATE OF DEATH	-

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-	6.0				

Baltimone Anne Anne

16 2 RIGISTRANDO REGISTRAN'S SIGNATURE

1		REGISTRAR				4611111			REG. NO			
ı		EASED NAME	FIRST	M	IDDLE	Ĺ	AST	20. D.	ATE OF DEATH	HINON	DAY YEAR	2h. HOUR
ı	{TYPE (OR PRINT)	ROY	A	•	JARV	IS		August			7:35а м
	3. SEX	Male		White	2	S. DATE C	23, DAY 921 YEAR		E (IN YEARS LAST BIRTH	YRS	MONINS DAYS	IF UNDER 24 HRS
1		THPLACE (STATE OUNTRY)	orforeign Lia	U.S.A.	VHAT COUNTRY?	WIDOWE	- h		BALTIMORE	E CI	TY	MD.
2	BA	LTIMORE		(IF NOT IN SUCH	CAL CENT	ER BA	LTIMORE MD.	12 PE	SUAL OCCUPATION OF WORK FOR MOST OF		IZE KIND C INDUSTRY, ON	truction
2	130, S1	TATE	Transferring	Arunde	GIVE RESIDENCE BEFORE	admission;	13d INSIDE CITY LIMIT YES NO	TS? 13-51	Phyllis	ZIP COL	re 210	61
	14. FA1	THER'S NAME FIRST	(Unk	modele mown)	LAST		15. MOTHER'S MAIDER	(Un	known)		TAS	
7	160: W	AS DECEASED EV	ER IN U.S. AR	MED FORCES? JE WAR OR DATES)	236-16-1	_	17 INFORMANT Mrs. Sandi	na Enb	e 713 Wax	more	iew Driv	re 21226
	NO	Conditions, if o gove rise to couse (o), ste underlying co	ny, which immediate oting the use lost.	(b) DUE TO, OR	AS A CONSEQUE	ENCE OF	fases unk		<u> </u>		IVEN IN PART II	0
1	CERTIFICATION	190 DATE OF OPE	RATION	19b. CONDIT	TION FOR WHICH	OPERATIO	N WAS PERFORMED		AUTOPSY?	IN CERT	ES, WERE FINDIF IFYING CAUSES YES [
•	CAL		CAUSE OF DE	P.A.	M. MONTH DA	19	211 LOCATION STREET	CCURRED (s	NTÉR NATURE OF INJUR'		3 PART I ORPART 2}	STATE
		sow the dece	osed alive or	8 . 4	deceosed from _ 20 19 _ ofter deoth.		At 16, 19 and that in (n/4) (our) op	84, to	August 7	te ond he	our and Irom the	that X1 (we) lost causes stated SIGNED
		Edwa	W. B-	Olyian	15 M		ATTENDI		DICAL STAP		8/	20/84
		EDWAR	D B	18661	ANO		3900 Lock	h Rave	n Blvd. 1	Balt	o Md 212	18

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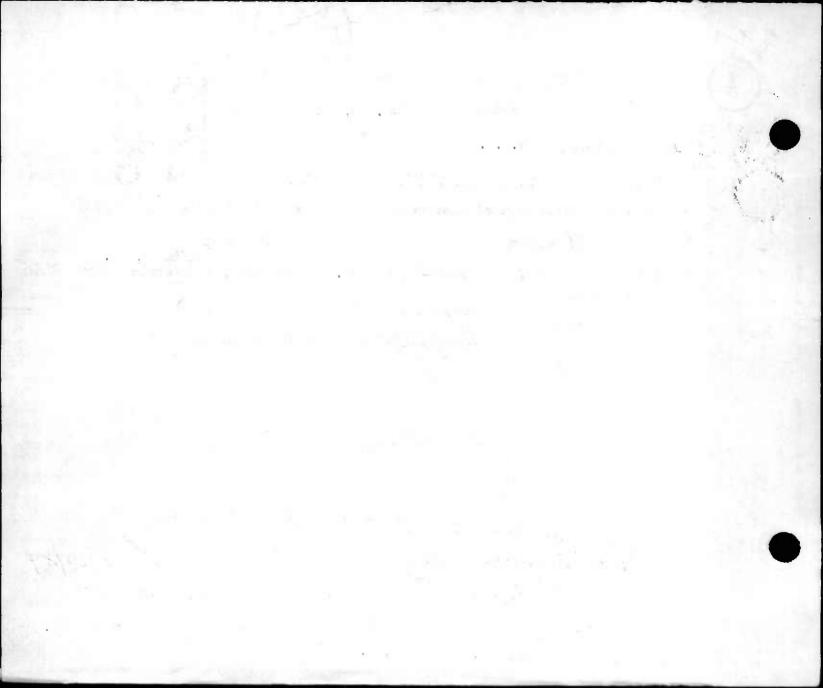
DHMH - 16 50M 4/83

236 BURIAL CREMATION REMOVAL

Mc Cully Fune Tick Neck Rds.

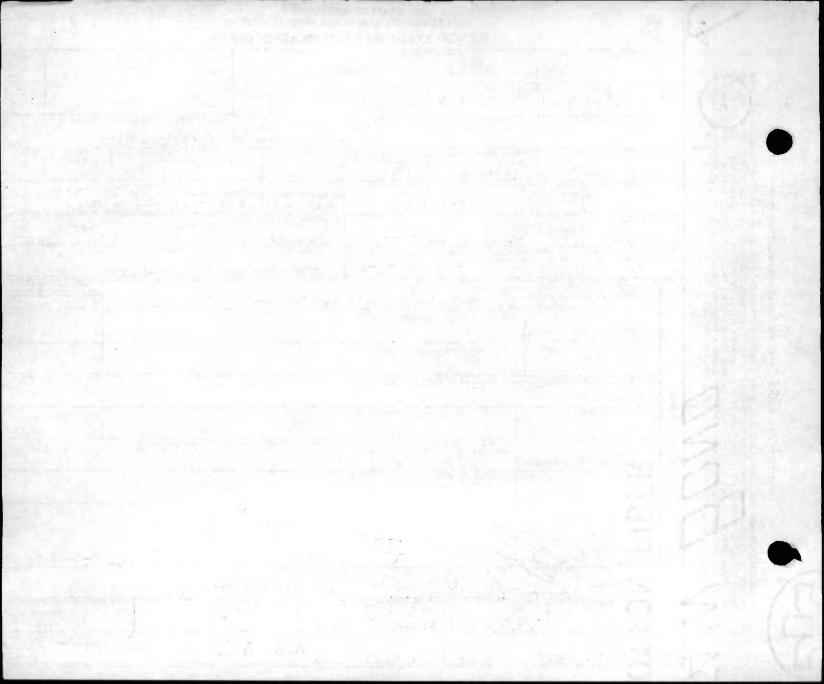
TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physicial should be detached for use as the burial-transit permit. Then please remove carbonpopers, with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. MPORTANT: If Hem 21 is marked or Hem 18 shows any injury, or other traumatic event,

(VRA 15, 4)



DHMH - 17 (VR A15 ME (5) 20M 4/82

	FOR STATE REGISTRAR			DICAL EXAMI		H AND MENTAL H	OF DEAT	H REG.		-1	J
(TYPE	CEASED NAME E OR PRINT)	EDD		MAE		FERSON	20	OF ESTI- DEATH MATED	8-3-	19	26 HOUR
	emale		9 25	1865 LAST BIRTI	YEARS IF UP HDAY) MONT YRS.			DATE RONOUNCED DEAD	8-3-	84	9:55
7a BIR	RTHPLACE (SI REIGN COUNTRY)		76 CITIZEN OF W	HAT COUNTRY?		RIED NEVER MARR	IED L	Baltimorecity			M
10	Baltimo		11. NAME OF HO	SPITAL, NURSING HOACILITY, GIVE STREET ADDRESS	5)	HER INSTITUTION		L OCCUPATION (ST OF WORKING LIFE)		12h KIND OF BU OR INDUST	ISINESS
	L RESIDENCE		OTHER INSTITUTION, G	IVE RESIDENCE BEFORE ADMIT	SSION)	13d. INSIDE CITY LIMITS? YES NO		t address 9 Lynhu:		1229 venue	
	THER'S NAME FIRST arlie		MIDDLE E .	Johnso		15. MOTHER'S MAIDE FIRST Maggie	EN NAME	MIDDLE		Willi:	a m C
160. W		DEVER IN U.S. ARM	ED FORCES?	165-09-7	ITY NO.	17. INFORMANT Alton Bo		ADDRE			
CATION	gove ris couse (a) lying cau	SHIFICANT CONDITIONS C	(b) DUE TO, OR (c) ONTRIBUTING TO DEATH	R AS A CONSEQUENCE R AS A CONSEQUENCE BUT NOT RELATED TO THE TE	E OF	SE OR CONDITION GIVEN IN PA	IRT 1 (a).				
CERTIFICA	198. DATE OF	OPERATION	198 CONDI	TION FOR WHICH OP	EKATION W	VAS PERFORMED?				20 AUTOPSY	? NO { }
CAL	UNDERLYING CONTRIBUTION	CAUSE WAS OR GCAUSE OF D	EATH P.A	A. MONTH DAY YE	AR	OW INJURY OCCURRE	D (ENTERNA	TURE OF INJURY IN ITEM	18 PART 1 OR PAR	T 2)	
0	21d. INJURY C			OF INJURY (AT HOME, TORY, FARM, ETC.)		OCATION STREET		CITY OR TOWN	COU	IN IT W	STATE
ME	AT WORK	NOT WHILE AT WORK									SIAIE
	22a I certifideath resulted ACTUAL SIGNATURE EXAMINER'S (TYPE OR PRIN	y that I took charge and fram: Nature NAME Grego	ry R Kau	ffman, M.D.	Suicide	Homicide TITLE (SPECIFY) A.DASSISTANT	Undeterd MEDIC	ALEXAMINER	and in my opi], DATE SIGNET	8-4-84	SIAIE
230. BU	22a I certifideath resulted ACTUAL SIGNATURE EXAMINER'S (TYPE OR PRIN	y that I took charge and fram: Nature Name Name Grego	ry R Kau	Accident ,	Suicide	Homicide TITLE (SPECIFY) A.DASSISTANT ADDRESS 111	Undeterd MEDIC Penn (23d, LOC) CITYON	ALEXAMINER Street	and in my opi	8-4-84	ate Md



Wm C March F/H Inc. 1101 E North Avenue

DHMH - 17

(VR A15 ME (5)

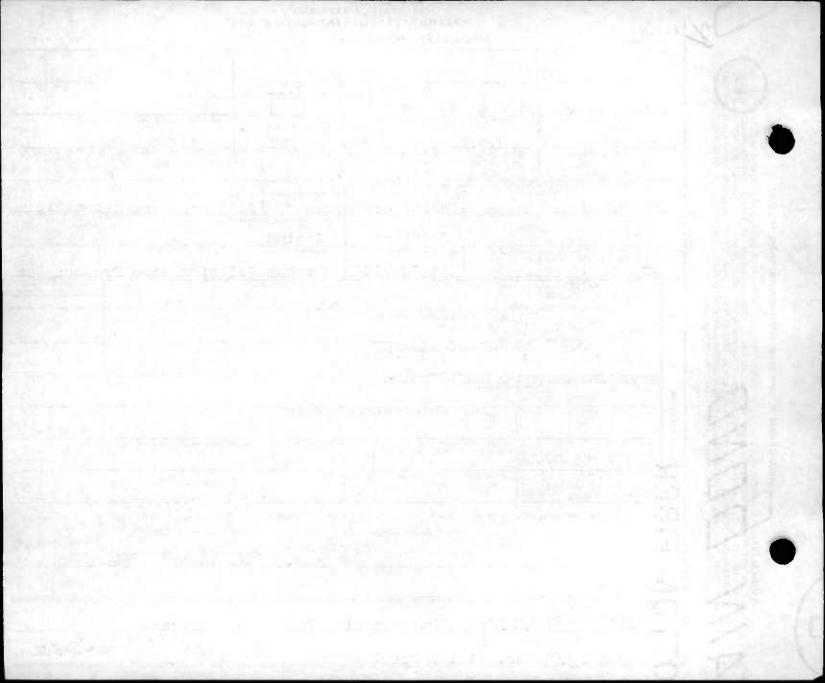
20M 4/82

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

PM

Was Davidson

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DIVISION OF VITAL RECORDS, 701 W, PRESTON ST., BALTIMORE, MARYLAND 21201	-	6	co	-	18
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(VRA 15, 4)

DEPARTM	STATE OF MARYLAND ENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IENE 👸	REG. NO.	2		4 1	1	2
DDIE	IAST	2a DATE OF	DEATH M	HTMC	DAY	YEAR	2b HOU	R P
J.	JENNINGS	AUGUS	ST 7.	198	34		5:5	4 M
	5. DATE OF BIRTH	6. AGE (INYE	ARS LAST BIRTHE			RIYEAR	# UNDER	24 HRS
ck	10 30 13	7	70	YRS.	MONTHS	DAYS	HOURS	MIN.
HAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	9. BALTIMO	RE CITY OR			ATH		MD.
	SHOME OR OTHER INSTITUTION STATUS HOSPITAL	126 USUAL C	CCUPATION FOR MOST OF V			KIND O USTRY	F BUSINE	SS OR
THE RESIDENCE BEFORE 36. CITY OR TOWN Baltimo	134 INSIDE CITY LIMITS?	13e.STREET A	N. La		_	121 Av		e

3. SE	X	4. RACE		5. DATE C	OF BIRTH	6 AGE (IN YEARS LAST BE	THDAY) IF	UNDER I YEAR	IF UNDER	24 HR5
0.00		. MILE		MONTH	DAY YEAR		MOR	NTHS DAYS	HOURS	MIN.
	Female	Bl	ack	10	30 13	70	YRS.			
	IRTHPLACE STATE OF FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9. BALTIMORE CITY C	_			
		II	C 3	WIDOWE		BALTIMO	RE CIT	Y		MD.
	ITY OR TOWN OF DEATH				OR OTHER INSTITUTION	120 USUAL OCCUPAT	ION	12b KIND O	E BUSINE	
	BALTIMORE		TOHNS" HO					INDUSTRY	, 500	
					3 11001 1111					
	AL RESIDENCE (IE NURSING HOME OF STATE 136 COUR		13c CITY OR TOWN		134 INSIDE CITY LIMITS	? I 13e STREET ADDRESS	/ 7IP CODE	2121	.3	
N	Marvland		Baltimo		YES TO NO		Lakewo	_	enu	0
	ATHER'S NAME		TDGTCIM	JI C	15. MOTHER'S MAIDEN		discino	OG MY	CIII	
		MIDDLE	LAST		FIRST	MIDDLE		LAS1		
	Henry		Smith		Ella	Gay		Willi	ams	
	WAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDR	£55			
	Jnknown				Shirley J	ohnson 110:	N.La	kewoo	d A	ve.
	18 CAUSE OF DEATH (Enter or	ly one couse pe	er line for (a), (b), and	d (CL)				BETWEEN	MATE INTER	DEATH
	PART I. DEATH WAS CAUSE		cando	(Juga	monanu	mest			30 m	Dina
	IMMEDIA	re CAUSE (a)		1						
		DUE TO, O	DR AS A CONSEQUE	NCE OF	0 0	mfarcha		0	do	
	Conditions, if any, which	(b)_	acute '	42,40	CONCRION	WITOUVERION	^	ac	Cid	43
	cause (a), stating the	DUE TO, O	OR AS A CONSEQUE	NCE OF						•
-		DUE TO, (or as a conseque	NCE OF						`
-	cause (a), stating the underlying cause last.	((c)			NOT RELATED TO THE T	FRMINAL DISEASE OR CON	IDITION GIVEN	IN PART I		
NO	cause (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT (1	1	IDITION GIVEN	IN PART IIo		
VIION	Cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT (conditions cabeles	CONTRIBUTING TO C	DEATH BUT	hyper	tension				
ICATION	cause (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT (conditions cabeles		DEATH BUT	hyper	1	20b IF YES, V		IGS USE	
RIFICATION	Cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT (conditions cabeles	CONTRIBUTING TO C	DEATH BUT	hyper	tension	20b IF YES, V	WERE FINDIN	IGS USE	H?
CERTIFICATION	PART 2 OTHER SIGNIFICANT (198 DATE OF OPERATION 218. ACCIDENT WAS UNDERLYING	CONDITIONS CONTINUES CONTI	CONTRIBUTING TO C	SHU OPERATIO	hy per WAS PERFORMED	Lensian 200 AUTOPSY?	206 IF YES, V IN CERTIFYII YES	WERE FINDIN NG CAUSES	IGS USEC	H?
_	PART 2 OTHER SIGNIFICANT (190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.	CONDITIONS CONTINUES CONTI	CONTRIBUTING TO C S O'NE DITION FOR WHICH OF INJURY A.M. MONTH DA	SHU OPERATIO	hy per WAS PERFORMED	200 AUTOPSY?	206 IF YES, V IN CERTIFYII YES	WERE FINDIN NG CAUSES	IGS USEC	H?
_	PART 2 OTHER SIGNIFICANT OF THE DATE OF OPERATION 218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DELIF EITHER NOTIFY MEDICAL EXAMINET	CONDITIONS CONDITIONS	ONTRIBUTING TO C S OVE DITION FOR WHICH OF INJURY A.M. MONTH DA	SHU OPERATIO	WAS PERFORMED	200 AUTOPSY?	206 IF YES, V IN CERTIFYII YES	WERE FINDIN NG CAUSES	IGS USEC	H?
MEDICAL CERTIFICATION	Cause (01, stofing the underlying cause lost. PART 2 OTHER SIGNIFICANT (19 DATE OF OPERATION 218, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DELIF EITHER NOTBY MEDICAL EXAMINET 21d. INJURY OCCURRED	CONDITIONS CONDITIONS	CONTRIBUTING TO C S O'NE DITION FOR WHICH OF INJURY A.M. MONTH DA	OPERATIO AY YEAR 19	hy per WAS PERFORMED	200 AUTOPSY?	206 IF YES, V IN CERTIFYIY YES	WERE FINDIN NG CAUSES	IGS USER OF DEAT NO	H?
_	PART 2 OTHER SIGNIFICANT OF THE DATE OF OPERATION 218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DELIF EITHER NOTIFY MEDICAL EXAMINET	CONDITIONS CONDITIONS	ONTRIBUTING TO DESCRIPTION FOR WHICH	OPERATIO AY YEAR 19	WAS PERFORMED 21c HOW INJURY OCC	200 AUTOPSY? YES NO NO NOTICE OF INJURE OF IN	206 IF YES, V IN CERTIFYIY YES	WERE FINDIN NG CAUSES	IGS USER OF DEAT NO]]
_	PART 2 OTHER SIGNIFICANT (19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING ACUSE OF DE. LIFETIMER NOTBY MEDICAL EXAMINET 21d. INJURY OCCURRED WHILE NOT WHILE	CONDITIONS CONDITIONS	OF INJURY A.M. MONTH DA P.M. E OF INJURY REEL FACTORY OFFICE FA	OPERATIO AY YEAR 19 ARM, ETC.)	WAS PERFORMED 21c HOW INJURY OCC	200 AUTOPSY? YES NO NO NOTICE OF INJURE OF IN	206 IF YES, V IN CERTIFYIY YES	WERE FINDING CAUSES I LOR PART 2) COUNTY	IGS USER OF DEAT NO	H?
_	Cause (a), stating the Underlying cause lost. PART 2 OTHER SIGNIFICANT (CAUSE OF DELIVER OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DELIVERING INJURY OCCURRED WHITE NOTWHILE AT WORK 22a certify that (1) (this hasp saw the deceased alive on	19b CONLINE CO	OF INJURY A.M. MONTH DA P.M. E OF INJURY REEL FACTORY OFFICE FA	OPERATIO AY YEAR 19 ARM, ETC.)	WAS PERFO MED 21c HOW INJURY OCC	200 AUTOPSY? YES NO NO NOTICE OF INJURE OF IN	20b IF YES, V IN CERTIFYIN YES I PRY IN ITEM 18 PARI	WERE FINDING CAUSES	IGS USECOPE DEAT	TATE
_	Cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT (1) The DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING ACUSE OF DELIFIE THER NOTEY MEDICAL EXAMINET (21d. INJURY OCCURRED AT WORK AT WORK AT WORK 22a. I certify that (1) (this hosp	19b CONLINE CO	OF INJURY A.M. MONTH DA P.M. E OF INJURY REEL FACTORY OFFICE FA	OPERATIO AY YEAR 19 ARM, ETC.)	WAS PERFO MED 21c HOW INJURY OCC	206 AUTOPSY? YES NO NOTICE OF INJURED (ENTER NATURE OF INJURED)	20b IF YES, V IN CERTIFYIN YES I PRY IN ITEM 18 PARI	WERE FINDING CAUSES	OF DEAT NO [TATE
_	PART 2 OTHER SIGNIFICANT OF COURSE OF CONTRIBUTING CAUSE OF DELETING CONTRIBUTING CAUSE OF DELETING CONTRIBUTING CAUSE OF DELETING CONTRIBUTING CAUSE OF DELETING CONTRIBUTING CAUSE OF DELETING CONTRIBUTING CAUSE OF DELETING CONTRIBUTING CAUSE OF DELETING CONTRIBUTING CAUSE OF DELETING CONTRIBUTING CAUSE OF DELETING C	19b CONLINE CO	OF INJURY A.M. MONTH DA P.M. OF INJURY TREET, FACTORY OFFICE FACTORY Valter death	OPERATION AY YEAR 19 ARM, ETC.)	211 LOCATION STREET Attending Attending	206 AUTOPSY? YES NO NOTICE OF INJURED (ENTER NATURE OF INJURED) CITY ON TO STANDARD AND AND AND AND AND AND AND AND AND AN	20b IF YES, V IN CERTIFYII YES Nev in ITEM 18 PARI	WERE FINDING CAUSES (1) (OR PART 2) (OUNTY	OF DEAT NO [TATE
_	Cause (a), stating the Underlying cause lost. PART 2 OTHER SIGNIFICANT (CAUSE OF DELIVER OF OPERATION 210. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DELIVER	21b, TIME HOUR A	OF INJURY A.M. MONTH DA P.M. E OF INJURY REEL FACTORY OFFICE FA	OPERATION AY YEAR 19 ARM, ETC.)	216 HOW INJURY OCC 211 LOCATION STREET , 19 and that in (my) (our) apin DEGREE ATTENDINIPHYSICIAN	206 AUTOPSY? YES NO NOTICE OF INJURED (ENTER NATURE OF INJURED) CITY ON TO STANDARD AND AND AND AND AND AND AND AND AND AN	20b IF YES, V IN CERTIFYII YES Nev in ITEM 18 PARI	WERE FINDING CAUSES (1) (OR PART 2) (OUNTY	OF DEAT NO [TATE
_	Cause (a), stating the Underlying cause lost. PART 2 OTHER SIGNIFICANT (CAUSE OF DELIVER OF OPERATION 210. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DELIVER	19b CONLINE CO	OF INJURY A.M. MONTH DA OF INJURY TREET, FACTORY OFFICE FACTORY Valter death.	OPERATION AY YEAR 19 ARM, ETC.)	VAS PERFOLMED 216 HOW INJURY OCC 211 LOCATION STREET , 19 and that in (my) (our) opin DEGREE ATTENDING PHYSICIAN 228 ADDRESS 600	206 AUTOPSY? YES NO NOTICE OF INJURED (ENTER NATURE OF INJURED) CITY ON TO STANDARD AND AND AND AND AND AND AND AND AND AN	206 IF YES, VIN CERTIFYIN YES IN CERTIFYIN YES IN THE METER 18 PARTITION IN THE PARTITION IN THE METER 18 PARTITION IN THE METER 18 PARTITION IN THE METER 18 PARTITION IN THE METER 18 PARTITION IN THE METER 18 PARTITION IN THE METER 18 PARTITION IN THE METER 18 PARTITION IN THE METER 18 PARTITION IN THE METER 18 PARTITION IN THE METER 18 PARTITION IN THE METER 18 PARTITION IN THE METER 18 PARTITION IN THE METER 18 PARTITION IN THE METER 18 PARTITION IN THE METER 18 PARTITION IN THE METER 18 PARTITION IN THE PA	WERE FINDING CAUSES (1) (OR PART 2) (OUNTY	OF DEAT NO [TATE

23c NAME OF CEMETERY OR CREMATORY

24 FUNERAL DIRECTOR DHMH - 16 50M 4/83

BURIAL

236 BURIAL, CREMATION, REMOVAL 236 DATE

FOR - STATE REGISTRAR 1. DECEASED NAME

[TYPE OR PRINT]

FIRST

MARY

Wm C March F/H Inc. 1101 E North Avenue

8/11/84

Baltimore Cemetery Baltimore
| 750 DATE REC'D. BY REGISTRAR 755

(R)	1-	FOR STATE REGISTRAR	DEPARTI	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYD CERTIFICATE OF DEATH	GIENE (3 4	2 1 4 7 3
o K decept of the control of the con		CEASED NAME FIRST RENAME	MODIE	Jennings	20. DATE OF DEATH	MONTH OAY YEAR 26 HOUR 642 PM
ge 4 may ectar, page rs after deat	3. SE		Black	S. DATE OF BIRTH MONTH 5 - 5 - 62	6. AGE (IN YEARS LAST BIRTH	PUNDER TYEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
death. Pourerol dir		RTHPLACE ISTATE ORFOREIGN COUNTRY) Mary land	76. CITIZEN OF WHAT COUNTRY? United States	MARRIED NEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY OF	
offer of with a	D	xaltimore City		2 6 66 64	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Unemployed	F WORKING LIFE) INDUSTRY
MARYLAND 2120 red within 24 hours mpletely filled in by and 2 should be file	13a S	AL RESIDENCE (IF NURSING HOME O STATE 136 COU Maryland	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE	ADMISSION) 13d INSIDE CITY LIMITS?	130 STREET ADDRESS /	ZIP CODE lin St. Baltmore, Md. 21223
ompletely ond 2 sh		Tames	MIDDLE Brows	15. MOTHER'S MAIDEN NA		Jennings
MORE,		VAS DECEASED EVER IN U.S. A	RMED FORCES? 166, SOCIAL SECU VE WAR OR DATES) 215-90-	IRITY NO. 17. INFORMANT	ning 1126.	W. Franklin St.
3 4 6 6 6 9		PART I. DEATH WAS CAUS	nly one couse per line for (o), (b), on ED BY (TE CAUSE 10) Cardiac A			APPROXIMATE NITERVAL BETWEEN ONSET AND DEATH
W. PRESTON ST of the death certicy the ottending is remove corbon cremotion, or ren other traumatic ex		Conditions, if any, which gave rise to immediate	DUE TO, OR AS A CONSEQUE		intestinal bledi	ing Ydays
es that the ned by the please ren uriol, crem		couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEOU	Severe liver		~ layears
RDS, 20 equires n signe Then pl r to bur injury, 0	NOI	PART 2. OTHER SIGNIFICANT COQULEDAN		DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR COND	DITION GIVEN IN PART 110
he low r on. hos bee t permit.	CERTIFICATION	None	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	YES NO	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO
SION OF VITAL RI PHYSICIAN: The In this certificate has the buriol-transit per ad Mental Hygiene d or Item 18 shows		218. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [CAUSE OF DE	HOUR A.M. MONTH D.	AY YEAR 19	RED (ENTER NATURE OF INJUR	RY IN ITEM 18 PART 1 OR PART 2)
DIVISION OF VITAL RECORDS, DING PHYSICIAN: The low requiring or attending physician. After this certificate has been signific of the buriol-transit permit. Then oith and Mental Hygene prior to be marked or Item 18 shows any injury	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC.) ZII LOCATION STREET	CITY OR TOW	WN COUNTY STATE
TTENDIN pital or TOR: Afr for use o of Health			oital attended the deceased from 8-22 19 oit) view the body after death.	8-18- , 19 84 . ond that in (a) (our) apinion	death occurred on the do	, 19_84, that (I) well as to te and hour and from the causes stated
AL OR A the has AL DIREC		276. SIGNATURE	Marshall up	DEGREE ATTENDING PHYSICIAN [MEDICAL STAF	122. DATE SIGNED
HOSPIT Poined by Could be coul		224. PHYSICIAN'S NAME (TYPE	orprinti India Marshall Mi	270 ADDRESS University of	Maryland H	ospital

23c. NAME OF CEMETERY OR CREMATORY

Mt. Calvary Cem.

Cem. Brooklyn A.A. Md.

1250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE

ALIC 2. 8 1081 Fulia Davidson-Rendelle.

DHMH - 16 50M 4/83

(VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL

24 FUNERAL DIRECTOR

8-28-84

Charles A. Rice FSPA 1300 Eutaw Pl

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		23 -5-8			Male	
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Lys land C			Beering		LangE	
Larger b. Vank	are market		more		34	
			North Sabrid			
Jane Joseph	Sol Jandaline	us dine been				
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SIAI
DEPARTMENT OF H

E OF MARYLAND IEALTH AND MENTAL HYGIENE 💍

REGISTRAR			CEKITI	TCATE OF DEATH	REG. NO	D.		
1. DECEASED NAME FIRST (TYPE OR PRINT) Genet	vieve	Scott	J	OHNS	August 9,	1984		26 HOUR A 7:39 M
3. SEX	4. RACE		5. DATE C		6. AGE (IN YEARS LAST BIRT		UNDER I YEAR	HOURS MIN.
Female	Blac	k	Dece	mber 23, 1928	55	YRS		
Vo. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	76 CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOWE	D MEVER MARRIED	9 BALTIMORE CITY <u>O</u> I Baltim			MD.
10. CITY OR TOWN OF DEATH Baltimore	(IF NOT IN SUC	HOSPITAL, NURSIN THE FACILITY, GIVE STREET A BAND Genera	ADDRESS)		12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Packer)			OF BUSINESS OR
USUAL RESIDENCE (# NURSING HOME OR 136 STATE 136 COUN Maryland	ITY	GIVE RESIDENCE BEFORE 13c. CITY OR TOWN Baltimo	N	YES X NO	13e.STREET ADDRESS / 4808 Belle		Balto	
John John	MIDDLE	Scott		Alda	WIDDEE		Jacks	
160 WAS DECEASED EVER IN U.S. AR		166 SOCIAL SECU	RITY NO.	17. INFORMANT	ADDRE	SS		
(YES, NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES)	212 28 0	805	Charles E. Jo	ohns, Sr. 4	808 Be	lle Av	e.21207
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT C	D BY: E CAUSE (a) DUE TO, O (b) DUE TO, O (c)	Cardio- R AS A CONSEQUE Carcino R AS A CONSEQUE	pulmo ma of	the Breast was				
NO NO NO NO NO NO NO NO NO NO NO NO NO N		Pneumon	ia					
190. DATE OF OPERATION 1710. ACCIDENT WAS UNDERLYING	19b. COND	TION FOR WHICH	OPERATIC	DN WAS PERFORMED	200 AUTOPSY?			NGS USED S OF DEATH? NO
71a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER TIME NOT WHILE AT WORK AT WORK	HOUR A P 21e. PLACE	DE INJURY .M. MONTH DA .M. OF INJURY REET, FACTORY, OFFICE, F.	19	21c HOW INJURY OCCURRE	ED (ENTER NATURE OF INJUR		COUNTY	STATE
22a.1 certify that (this haspi saw the deceased alive an above (hiwa) (did) (dix)	Augus ////		July 84,	nd that in (%) (our) apinion d DEGREE ATTENDING PHYSICIAN	, to Augus leath accurred an the do MEDICAL STAF DIRECTOR PHYSIC	te and haur		
Gary W. Me		M.D.		c/o Marylar	nd General	Hospit	al	
73a BURIAL, CREMATION, REMOVAL (SPECIFY)	_	23c N	NAME OF C	CEMETERY OR CREMATORY ional Mem. Par	23d LOCATION		COUNTY	ryland

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by should be detached for use as the burial-tronsit permit. Then p with the State Dept. of Health and Mental Hygiene prior to but IMPORTANT: If Item 21 is marked or Item 18 shows any injury.

retained by the hospital ar

Nutter and Sons Funeral Home, Inc.

Burial

2501 Gwynns Falls Pkwy.,Balto, Md.

Maryland BY REGISTRAR 256. REGISTRAR'S SIGNATURE

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Maryland	I arrol	tional are terri			Isinus.

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Nutter no sons

3		1.	FOR STATE		DEPARTA	NENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 4	2.	1 1 3
B			REGISTRAR CEASED NAME OR PRINT) FIRST CEASED NAME OR PRINT	buis	MIDDLE P.		JOHNS	REG. 20. DATE OF DEATH		1 84 11155 PA
ge 4 may rector. po urs ofter d		_	ale	4 RACE White		5. DATE C		6 AGE (IN YEARS LAST	YRS	JAN JAN JAN JAN JAN JAN JAN JAN JAN JAN
death. Pouneral di hin 72 hai			RTHPLACE (STATE OR FOREIGN COUNTRY)	U.S.		WIDOWE		9 BALTIMORE CITY Baltimor	re City,	WE
s ofter by the f filed wit	45	В	altimore	Good S	amaritan	Hospi	tal	The USUAL OCCUPA (TYPE OF WORK FOR MOS Interior	TOF WORKING LIFE)	
hin 24 hou ily filled in should be	35	13a S	aryland	OME OR OTHER INSTITUTION	136 CITY OR TOWN Baltimor	ADMISSION)	13d INSIDE CITY LIMITS? YES INO [S / ZIP CODE Harford	21234 Rd. 2 1223 k
omplete	20		Peter	MIDDLE	Johns 1AST		15. MOTHER'S MAIDEN NAME FIRST	MIDDLE	Sil	late LAST
be execution and construction and constr	1			S. ARMED FORCES? ES. GIVE WAR OR DATES) W II	16b. SOCIAL SECU 212-22-9		Mrs. Passy		Same as	
equires that the death certificate signed by the attending physici Then please remove carbon paper to buriol, cremotion, or removal, injury, or other troumatic event, the		NO	Conditions, if any, whis gove rise to immedia couse (a), stafting the underlying cause la	AUSED BY: EDIATE CAUSE (o) DUE TO, O the (b) te ene (c) DUE TO, O (c)	DRAS A CONSEQUE	NCE OF	afor G.I rais, Patal h Roophageal Vo	Bleede appertences:	SUCH and	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
The low rescion. The hos beer as the permit. Glene prior shows any if	The state of the s	CERTIFICATION	190 DATE OF OPERATION			OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO	IN CERTIFYIN	ERE FINDINGS USED G CAUSES OF DEATH? NO
TENDING PHYSICIAI pitol or otherdring physicial or other this certification of the buriol-transfer of Health and Mental 11; morked or them 121; morked or them 1		MEDICAL C	OR CONTRIBUTING CAUSE (IF EITHER, NOTHY MEDICALEX.) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 220. I certify that (I) (this saw the deceased all above. (I) (west that)	OF DEATH HOUR A AMINER) 21e PLACE (AT HOME, ST hospital) attended the	.M. MONTH DA .M. OF INJURY REE1. FACTORY, OFFICE, F. The deceased from	19 ARM, ETC.)	211 LOCATION STREET , 19 and that in (my) (our) opinion of	(11Y OR	10wn	COUNTY STATE , that (we) lost
TO HOSPITAL OR A set of the hospital of the ho	1		226 HYSKIAN'S NAME	TYPE OR PRINT) S - EL	-HEN	nan INA	DEGREE ATTENDING PHYSICIAN [22e ADDRESS	MEDICAL S DIRECTOR PHY	TAFF SICIAN D	22¢ DATE SIGNED 8-8-84
BP			BURIAL, CREMATION, REMO (SPECIFY) Burial	23b. DATE 8-11-8		rkwoo	emetery or crematory	23d LOCATION CITY OF TOWN	more Me	DUNTY STATE
DHMH - 16 50M 4/8 (VRA 15, 4)	3	24 F	UNERAL DIRECTOR NAME Leona:	rd J. Ruck	, Inc. B	altim	ore, Md. AUG	E REC'D. BY REGISTR	AR 25b. REGISTRAF	rs SIGNATURE

45 Test A learned dated a late edit eromitto installery thought released introduction address and selected selected SERVED AND Developed ADA ADAY IN Proceedings for the servers edulid miles suint suint

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1	FOR - STATE REGISTRAR	DEPARTA	STATE OF MARYLAND NENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	21476
	ECEASED NAME FIRST PE OR PRINT) Bertha	WIDDIE	ohnson	20 DATE OF DEATH MON	7-22-84 1:30 %
A) 3.5	F	4. RACE	5. DATE OF BIRTH MONTH DAY YEAR 0.5 0.6 88	6. AGE (IN YEARS LAST BIRTHDAY	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
500	BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	76 CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED NOVEL NO	Baltimore	
Polyfied III.	B2/timore	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET /	G HOME OR OTHER INSTITUTION LDDRESS]	12ª USUAL OCCUPATION TYPE OF WORK FOR MOST OF WOR	T2b. KIND OF BUSINESS OR
35 130	Mary/and 136 COUR	OTHER INSTITUTION, GIVE RESIDENCE BEFORE 134. CITY OR TOWN BOTTON	YES NO [GODE Gurst RDr 2121
300	FATHER'S NAME William	MIDDLE KAST	15. MOTHER'S MAIDEN NA FIRST Annie	WIDDLE	LAST
Ojpeu I6a	WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 166 SOCIAL SECU 213-12		Headley 867	Bradhurst Road
ofic event, th	PART I. DE ATH WAS CAUSE	oly ane cause per line far (a), (b), and DBY. TE CAUSE (a) Ardio Ro DUE TO, OR AS A CONSEQUE	spiretory Arrest.		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
r other fraums	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost	(b) DUE TO, OR AS A CONSEQUE	NCE OF		
y injury, or		CONDITIONS CONTRIBUTING TO D	<u>BEATH</u> BUT NOT RELATED TO THE TERM	IIN AL DISEASE OR CONDITK	ON GIVEN IN PART Ito
OWS OF	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		E IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO NO
-/4	OR CONTRIBUTION COLUMN OF DE	HOUR A.M. MONTH DA	Y YEAR 19	RED (ENTER NATURE OF INJURY IN I	ITEM TB. PART I OR PART 2)
morked or Item	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE F	211 LOCATION STREET	(ITY OR TOWN	COUNTY STATE
21 is mo	saw the deceased alive on	tal) attended the deceased from	Augus 19 87	death occurred an the date a	19 St., that (I wolast and haur and fram the causes stated
E He H	22h SIGNATURE	1-4/	ATTENDING	MEDICAL STAFF	22c. DATE SIGNED

should be deto with the State

DHMH - 16 50M 4/83 (VRA 15, 4)

23b DATE 8/28/84 23c NAME OF CEMETERY OR CREMATORY

23a BURIAL, CREMATION, REMOVAL BURIAL

Mount Auburn Cem.

22e ADDRESS

23d LOCATION
CITY OR TOWN
Baltimore,

Md.

24 FUNERAL DIRECTOR Wm C March F/H Inc. 1101 E North Ayenue

